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(Address)

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(Business Entity Name)

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TALLAHASSEE, FLORIDA

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## TRANSMITTAL LETTER

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

SUBJECT: Touch of Kass Inc.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate of Status

☒ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

FROM: Kathleen H. Abraham  
Name (Printed or typed)

11767 NW 48 St.  
Address

Coral Springs, FL 33076  
City, State & Zip

954-509-0707  
Daytime Telephone number

**NOTE: Please provide the original and one copy of the articles.**

# ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

## ARTICLE I NAME

The name of the corporation shall be:

Touch of Kass, Inc.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

11767 NW 48 St.  
Coral Springs, FL 33076

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Whole sale , Distribution & retail sales

## ARTICLE IV SHARES

The number of shares of stock is:

100

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

John Abraham - Director  
Kathleen H. Abraham - Director  
11767 NW 48 St  
Coral Springs FL  
33076

## ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Kathleen H. Abraham  
11767 NW 48 St.  
Coral Springs, FL 33076

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Kathleen H. Abraham  
11767 NW 48 St.  
Coral Springs, FL 33076

\*\*\*\*\*

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

  
\_\_\_\_\_  
Signature/Registered Agent

3-18-04  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

3-18-04  
\_\_\_\_\_  
Date

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04 MAR 22 PM 5:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA