

P0500000 7574

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

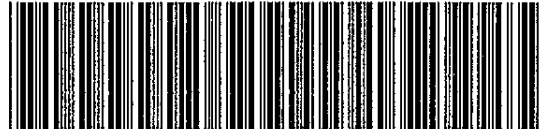
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Clinton **GAVE**
AUTHORIZATION BY PHONE TO
CORRECT articles
DATE 1/14/04
DOC. EXAM D. White

Office Use Only

9 D. WHITE JAN 14 2005



600043725816

FILED

2005 JAN 13 P 2:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01/04/05--01017--002 **70.00

TRANSMITTAL LETTER

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

SUBJECT: PERFECT TOUCH 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: MR CLINTON A JONES
Name (Printed or typed)

2702 PIONEER RD #2
Address

ORLANDO FL 32802
City, State & Zip

407-353-5194
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

January 4, 2005

CLINTON A JONES
2702 PIONEER RD #2
ORLANDO, FL 32808

SUBJECT: PERFECT TOUCH
Ref. Number: W05000000468

We have received your document for PERFECT TOUCH and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Your application is incomplete. Please call me at the telephone number listed below for instructions.

I was unable to contact you DIRECTLY by telephone.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6933.

Dale White
Document Specialist
New Filings Section

Letter Number: 805A00000468

ARTICLES OF INCORPORATION

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

FILED

ARTICLE I NAME

The name of the corporation shall be:

PERFECT TOUCH INC

2005 JAN 13 P 2:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

2702 PIONEER RD. ORL, FL 32208

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

MAINTAINANCE WORK

ARTICLE IV SHARES

The number of shares of stock is:

1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Clinton Jones
2702 Pioneer Rd #2
Orlando FL 32808

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Clinton Jones
2702 Pioneer Rd #2
Orlando FL 32808

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Clinton Jones
2702 Pioneer Rd #2
Orlando FL 32808

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

Clinton Jones
Signature/Registered Agent

Jan-10-05
Date

Clinton Jones
Signature/Incorporator

Jan-10-05
Date