

P05000009395

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

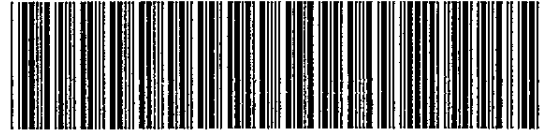
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CLERK  
STATE  
OFFICE  
TALLAHASSEE, FLORIDA

CLERK

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JS-0295

# TRANSMITTAL LETTER

ATX1

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

SUBJECT:

*TOUCH OF CLASS, 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:

*TOUCH OF CLASS, INC.*

Name (Printed or typed)

*7318 Les Palms Suite 200*

Address

*Tampa, FL 33634*

City, State & Zip

*813-546-4977*

Daytime Telephone number

FILED  
05 JUN 19 PM 3:45  
DEPT. OF STATE  
TALLAHASSEE, FLORIDA

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 corporation shall be: *H.P.T. Touch of Class Inc.*  
*7318 Las Palmas Ct.*  
*Tampa FL. 33634*

TOUCH OF CLASS, INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

7318 Les Palmes suite 200  
Tampa, Florida 33634

**ARTICLE III PURPOSE**

The purpose for which the corporation is organizes is:

ANY AND ALL LAWFUL BUSINESS

**ARTICLE IV SHARES**

The number of shares of stock is:

10,000

**ARTICLE V INITIAL OFFICERS AND/ OR DIRECTORS**

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

Heriberto Torres, President  
7318 LesPalmes #200  
Tampa , Florida 33634

**ARTICLE VI REGISTERED AGENT**

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

Heriberto Torres  
7318 Les Palmes #200  
Tampa,Florida 33634

**ARTICLE VII INCORPORATOR**

The Name and Address of the Incorporator is:

Heriberto Torres  
7318 Les Palmes #200  
Tampa, Florida 33634

\*\*\*\*\*

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.

*Heriberto Torres*  
\_\_\_\_\_  
Signature /Registered Agent

*3-1-05*  
\_\_\_\_\_  
Date

*Heriberto Torres*  
\_\_\_\_\_  
Signature/ Incorporator

*3-1-05*  
\_\_\_\_\_  
Date

FILED  
15 JAN 19 PM 3:45  
HIL. CLERK - STATE  
TAMPA, FLORIDA