

P05000161178

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

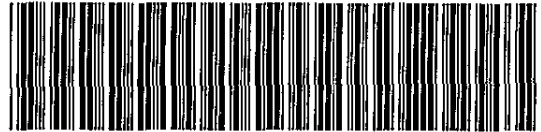
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2005 DEC -8 PM 1:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

## COVER LETTER

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

**SUBJECT:** Masterful Touch of Healing, 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:** Destiny E. Masters

Name (Printed or typed)

7524 Brookline Street

Address

Wesley Chapel, FL 33544

City, State & Zip

813-391-2592

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)

**FILED**

### **ARTICLE I NAME**

The name of the corporation shall be:

Masterful Touch of Healing, Inc.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

### **ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

7524 Brookline Street  
Wesley Chapel, FL 33544

### **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

This corporation may engage or transact in any or all lawful activities or business permitted under the laws of the United States, the State of Florida or any other state, country, territory or nation.

### **ARTICLE IV SHARES**

The number of shares of stock is:

The maximum number of shares that this corporation is authorized to have outstanding at any time is 100 shares of common stock, of \$1.00 par value

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

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

Destiny E. Masters, President  
7524 Brookline St.  
Wesley Chapel, FL 33544

### **ARTICLE VI REGISTERED AGENT**

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

Destiny E. Masters  
7524 Brookline St.  
Wesley Chapel, FL 33544

### **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Destiny E. Masters  
7524 Brookline St.  
Wesley Chapel, FL 33544

\*\*\*\*\*  
*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*

Destiny E. Masters  
Signature/Registered Agent

12/03/05  
Date

Destiny E. Masters  
Signature/Incorporator

12/03/05  
Date