

PO 7000025384

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

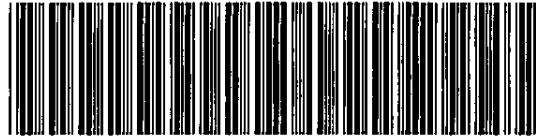
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers FEB 27 2007

1207-8001

TRANSMITTAL LETTER

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

SUBJECT: Idelma Healing 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 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: Idelma Stockwell
Name (Printed or typed)

2821 Sunny Isle Blvd apt # 6S
Address

North Miami Beach, Florida 33160
City, State & Zip

305 335 4773
Daytime Telephone number

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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:

Idelma Healing Touch Inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

2821 Sunny Isle Blvd # 6 S
North Miami Beach, Florida 33160

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Profit

ARTICLE IV SHARES

The number of shares of stock is:

100 ~~of 10000~~ ⁽¹⁰⁰⁾

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Idelma Stockwell (- President)
2821 Sunny Isle Blvd # 6 S
North Miami Beach, Fl 33160

ARTICLE VI REGISTERED AGENT

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

Idelma Stockwell
2821 Sunny Isle Blvd # 6 S
North Miami Beach, Fl 33160

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Idelma Stockwell
2821 Sunny Isle Blvd # 6 S
North Miami Beach, Fl 33160

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TALLAHASSEE, FLORIDA

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

Idelma Stockwell
Signature/Registered Agent
Idelma Stockwell

2/9/07
Date

Idelma Stockwell
Signature/Incorporator
Idelma Stockwell

2/9/07
Date