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COVER LETTER

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

SUBJECT: One Touch Therapy 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:

Jessica Kofman

Name (Printed or typed)

3200 N. Federal Hwy #130

Address

Boca Raton FL 33431

City, State & Zip

954-673-7728

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:

One Touch Therapy Inc.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

3200 N. Federal Hwy #130
Boca Raton FL 33431

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Massage Therapy, Pilates, & personal training

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):

Jessica Kofman President, secretary

ARTICLE VI REGISTERED AGENT

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

Jessica Kofman
3930 Oaks Clubhouse Dr. 406
Pompano Beach FL 33069

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Jessica Kofman
3930 Oaks Clubhouse Dr. 406
Pompano Beach FL 33069

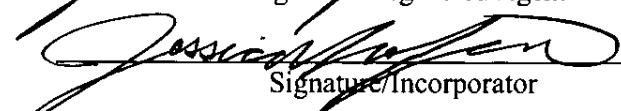
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

1-12-09

Date



Signature/Incorporator

1-12-09

Date

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CLERK OF DISTRICT COURT
JAN 14 2009