

PO9000010502

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

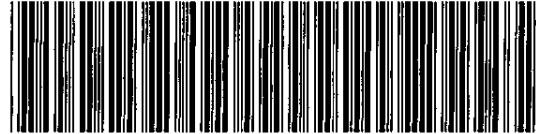
(Document Number)

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01/06/09--01009--012 \*\*78.75

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2009 FEB -2 PM 4:08

2/03/09

**COVER LETTER**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

2009 FEB -2 PM 4: 08

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

SUBJECT: Touch Therapeutics 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: Anna Racicot  
Name (Printed or typed)

975 NE 40th St. Apt. C  
Address

Oakland Park, FL 33334  
City, State & Zip

954-599-0607  
Daytime Telephone number

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



RECEIVED  
DEPARTMENT OF STATE

09 FEB -2 PM 12:54

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 9, 2009

ANNA RACICOT  
975 NE 40TH STREET  
APT. C  
OAKLAND PARK, FL 33334

SUBJECT: TOUCH THERAPEUTICS, INC.  
Ref. Number: W09000001039

We have received your document for TOUCH THERAPEUTICS, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

The registered agent must sign accepting the designation.

Please return the corrected 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) 245-6973.

Claretha Golden  
Regulatory Specialist II  
New Filing Section

Letter Number: 309A00000816

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DIVISION OF CORPORATIONS  
2009 FEB -2 PM 4:08

**ARTICLES OF INCORPORATION**

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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**ARTICLE I NAME**

The name of the corporation shall be:

Touch Therapeutics, Inc.

**ARTICLE II PRINCIPAL OFFICE**

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

975 NE 40th Street #C  
Oakland Park, FL. 33334

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Any and all lawful business.

**ARTICLE IV SHARES**

The number of shares of stock is:

1000

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

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

Anna Raciocot, LMT President  
975 NE 40th Street #C  
Oakland Park, FL. 33334

**ARTICLE VI REGISTERED AGENT**

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

AR Anna Raciocot, LMT  
~~AOAE~~ 975 NE 40th Street #C  
Oakland Park, FL. 33334

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Anna Raciocot  
975 NE 40th Street #C  
Oakland Park, FL. 33334

\*\*\*\*\*

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

Anna Raciocot

Signature/Registered Agent

1/28/09

Date

Anna Raciocot

Signature/Incorporator

12/30/08

Date

Anna Raciocot