

P/0000026454

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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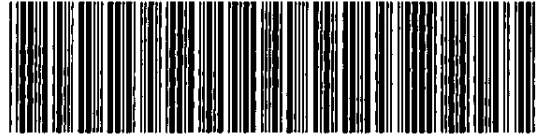
(Business Entity Name)

(Document Number)

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

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10 MAR 24 AM 10:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

EP 3/26/10

**COVER LETTER**

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

SUBJECT: Michelle's Personal Touch Professional  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX) Services, Inc.

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

|  |   |
|--|---|
| <input type="checkbox"/> \$78.75 Filing Fee & Certified Copy | <input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status |
| <b>ADDITIONAL COPY REQUIRED</b>                              |   |

FROM: Shelly L. Van Luvender  
Name (Printed or typed)

1910 S.E. Hillmoor Drive, Unit #39  
Address

Port St. Lucie, FL 34952  
City, State & Zip

(772) 924-6387  
Daytime Telephone number

michelle2000@tmo.blackberry.net  
E-mail address: (to be used for future annual report notification)

**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:

Michelle's Personal Touch Professional Services, Inc.

**ARTICLE II PRINCIPAL OFFICE**

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

1910 S.E. Hillmoor Drive, Unit #39  
Port St. Lucie, Florida 34952

**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: 100

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

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

Shelly L. VanLoverde, 1910 S.E. Hillmoor Drive, #39, PSL, FL. 34952  
(P.S.T.)

Raymond E. VanLoverde III, 1910 S.E. Hillmoor Drive, #39, PSL, FL. 34952

**ARTICLE VI REGISTERED AGENT (VP)**

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

Shelly L. VanLoverde  
1910 S.E. Hillmoor Drive, Unit #39  
Port St. Lucie, Florida 34952

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Shelly L VanLoverde  
1910 S.E. Hillmoor Drive, Unit #39  
Port St. Lucie, FL. 34952

\*\*\*\*\*  
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 Shelly VANLOVERDE

Shelly L VanLoverde  
Signature/Registered Agent

3/17/2010  
Date

Shelly L VanLoverde  
Signature/Incorporator

3/17/2010  
Date

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