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***COVER LETTER**

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Ü	mar and one (1) copy or me an	ticles of incorporation and	a check for.
\$70.00	\$78.75	\$78.75	\$87.50
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FROM: Shelly L. Van Luvender Name (Printed or typed)
1910 S.E. Hillmoor Drive, Upit #39
Port St. Lucie FL 34952 City, State & Zip
(1772) 924-6387 Daytime Telephone number
Michelle 2000 & tmo. blackberry. NE+ 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,
ARTICLE II PRINCIPAL OFFICE The principal street address and mailing address, if different is: 1910 S.E. Hillmore Drive Unit #39 Poet St. Lucie, Floride 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. Var Liverder, 1910 S.E. Hillmore Deive, 39, PSL, FL, 3495. (P.S.T.) RAYMORD E. VAR LIVERDER TIT, 1910 S.E. Hillmore Deive, 39, PSL, FL, ARTICLE VI REGISTERED AGENT (VP) The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Shelly L. Var Liverder
1910 S.E. Hillmood Deive, UNI+#39 Fort St. Lucie, Florida 34952 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Shelly L V2 P Luvender 1910 S.E. Hillmood Deive, Wit+ 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 Sighature/Registered Agent Sighature/Registered Agent Date

Date

Oby K Va -Signature/Incorporator