

P10000040412

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

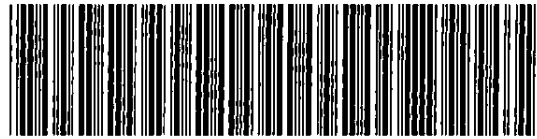
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

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05/10/10--01021--006 \*\*78.75

FILED  
10 MAY 10 PM 3:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ep 5/10/10

## COVER LETTER

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

**SUBJECT:** A Special 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      ☒ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                                    & Certificate of  
                                    Status

**ADDITIONAL COPY REQUIRED**

**FROM:** Carol Mulvihill

Name (Printed or typed)

11404 NW 32nd Avenue

Address

Gainesville, Florida 32606

City, State & Zip

386-365-0592

Daytime Telephone number

aspecialtouchtherapy@yahoo.com

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:

A Special Touch Therapy, Inc

## **ARTICLE II PRINCIPAL OFFICE**

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

11404 NW 32nd Avenue, Gainesville, Florida 32606

## **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To perform massage therapy and associated modalities.

## **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):

Carol Mulvihill 11404 N W 32nd Ave Gainesville, Fl. 32606  
President

## **ARTICLE VI REGISTERED AGENT**

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

Carol Mulvihill  
11404 NW 32nd Avenue  
Gainesville, Florida 32606

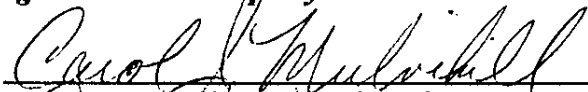

## **ARTICLE VII INCORPORATOR**

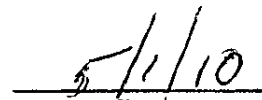

The name and address of the Incorporator is:

Carol Mulvihill  
11404 NW 32nd Avenue  
Gainesville, Florida 32606

\*\*\*\*\*

*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  
  
\_\_\_\_\_  
Signature/Incorporator

  
\_\_\_\_\_  
Date  
  
\_\_\_\_\_  
Date

FILED  
10 MAY 10 PM 3:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA