

P10000040672

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

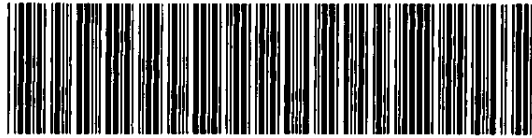
(Business Entity Name)

(Document Number)

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

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FILED  
10 MAY 11 AM 10:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

5-12-10 CB

## COVER LETTER

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

**SUBJECT:** SOOTHING TOUCH 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:** Heather Cowan  
                    Name (Printed or typed)

6065 NW 167th Street Suite B- 3  
                    Address

Miami, FL 33015  
                    City, State & Zip

(305)345-0089  
                    Daytime Telephone number

heathercowan@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:

Soothing Touch Inc.

## **ARTICLE II PRINCIPAL OFFICE**

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

6065 NW 167th Street

Suite B-3

Miami, Fl 33015

## **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Nursing Agency

## **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):

Joy Maye

President

6065 NW 167th Street

Suite B-3

Miami, Fl 33015

## **ARTICLE VI REGISTERED AGENT**

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

Heather Cowan

6065 NW 167th Street

Suite B-3

Miami, Fl 33015

## **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Joy Maye

6065 NW 167th Street

Suite B-3

Miami, Fl 33015

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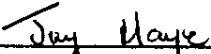
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*



Signature/Registered Agent

April 21, 2010

Date



Signature/Incorporator

April 21, 2010

Date

FILED  
10 MAY 11 AM 10:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA