

P11000031191

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone.#)

☐ PICK-UP

☐ WAIT

☐ MAIL

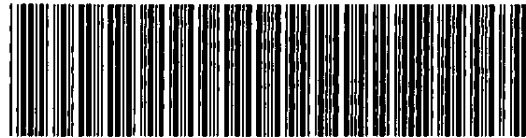
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/28/11--01022--003 **78.75

FILED
11 MAR 28 PM 12:37
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MRP
3/30

COVER LETTER

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

SUBJECT: Touchstone Therapeutic Interventions 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: Danielle Elisa Jimenez
Name (Printed or typed)

1952 Crosshair Circle
Address

Orlando, Florida 32837
City, State & Zip

407-227-4089
Daytime Telephone number

Jimenez.danielle@gmail.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)

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ARTICLE I NAME Touchstone Therapeutic Interventions Inc.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
702 Park Lake Street
Orlando, Florida 32803

Mailing address, if different from principal office address
1952 Crosshair Circle
Orlando Florida 32837

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
To provide quality therapy, education and insight from a wholistic, qualitative vantage point.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Danielle E. Jimenez / President</u>	Name and Title: _____
Address: <u>1952 Crosshair Circle</u>	Address: _____
<u>Orlando, Florida 32837</u>	_____

Name and Title: <u>Cordett D. McCall / Vice President</u>	Name and Title: _____
Address: <u>944 S. Adelle</u>	Address: _____
<u>Deland, Florida 32720</u>	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____

ARTICLE VI REGISTERED AGENT

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

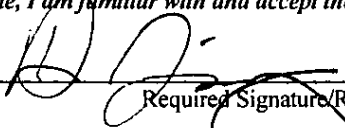
Name: Danielle E. Jimenez
Address: 1952 Crosshair Circle
Orlando, Florida 32837

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Cordett D. McCall
Address: 944 S. Adelle Avenue
Deland, Florida 32720

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

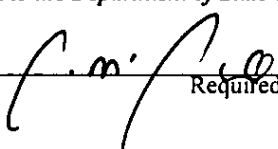


Required Signature/Registered Agent

3-23-11

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Required Signature/Incorporator

3/22/11

Date