

Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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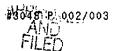
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FLORIDA PROFIT/NON PROFIT CORPORATION PROFESSIONAL TOUCH CARE, INC.

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ARTICLES OF INCORPORATION

SECRETARY OF STATE TALLAHASSEE, FLORIDA

The undersigned Incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

<u>ARTICLE I – NAME</u>

The name of the corporation shall be:

PROFESSIONAL Touch CARE, INC.

ARTICLE II – PRINCIPAL OFFICE

The principal place of business and mailing of this corporation shall be:

7045 SW 83 P/ Mia Mi F/ 33143

ARTICLE III - SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

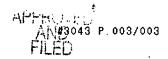
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TIAL REGISTERED AGENT AND STREET **ADDRESS**

The name and address of the initial registered agent is:

Belkys Leyva 7045 SW 83Pl Miami F/33143

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE V - INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation is:

Belkis Leyva 7045 SW/83P/ Miani F/33143

Bolhila Joyne
Signature

ARTICLE VI- DIRECTOR (S)

The name(s) and street address (es) of the director(s) to these Articles of Incorporation is (are):

(P) Belkys Leyva 7045 SW 83Pl Miami F/33143

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT /REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at place designated in this certificate, I hereby accept the appointment as Registered Agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

Registered Agent Signature