

PI100095309

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(Business Entity Name)

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DIVISION OF CORPORATIONS
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COVER LETTER

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

SUBJECT: A Healing Touch Massage & Spa Co.

(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: Beverly G Ponce

Name (Printed or typed)

3074 Old Hickory Tree Road

Address

Saint Cloud FL 34772

City, State & Zip

407-301-4285

Daytime Telephone number

beverlygayle@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)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLE I NAME

The name of the corporation shall be: **A Healing Touch Massage & Spa Co.**

11 NOV -1 PM 2: 29

ARTICLE II PRINCIPAL OFFICE

Principal street address
1312 Illinois Ave. Ste A
St. Cloud FL 34769

Mailing address, if different is:
3074 Old Hickory Tree Road
St. Cloud FL 34772

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

"Professional Corporation"

MASSAGE THERAPY + DAY SPA

ARTICLE IV SHARES

The number of shares of stock is: **100**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Beverly G. Ponce Pres	Name and Title: _____
Address: 3074 Old Hickory Tree Road	Address: _____
St. Cloud FL 34772	_____

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

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: **BEVERLY PONCE**
Address: **3074 OLD HICKORY TREE Rd**
ST. CLOUD FL 34772

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: **Beverly G. Ponce**
Address: **3074 Old Hickory Tree Road**
St. Cloud FL 34772

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

Oct. 28, 2011

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

Oct. 28, 2011

Date