## P12000004688

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
AUTHORIZATION BY PHONE TO CORRECT MANAGEMENT	
CORRECT TO WHOME TO	
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Office Use Only



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12 JAN 12 AMII: 56 SECRETARY OF STATE ALL ANASSEE, FLORIDA

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## **COVER LETTER**

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

SUBJECT: TOUCH OF CLASS BY ANGEL'S FOOT, 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 & Certificate of Status	\$78.75 \$87.50 Filing Fee Filing Fee, & Certified Copy & Certificate of Status			
	ADDITIONAL COPY REQUIRED			
FROM: CARLOS DOS SANTOS  Name (Printed or typed)				
18271 181ST CIR S				
Address				
BOCA RATON, FLORIDA 33498				
City, State & Zip				
571-208-3089				
Daytime Telephone number				
NSASOCCER@HOTMAIL.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 1 A The name of the corp	TOUCH OF CLASS BY A oration shall be:	ANGEL'S FO	DOT, INC.
18	PRINCIPAL OFFICE Principal street address 271 181ST CIR S DCA RATON, FL 33498	<del></del>	Mailing address, if different is:
ARTICLE III P	URPOSE  ch the corporation is organized is: business both within and out of the	State of Flo	rida.
ADTICLE III	SUADFG		AN 12 MIII:
The number of shares	SHARES One Thousand (1,000) Shares of stock is:	es.	56 ORIDI
ARTICLE V I Name and Title Address:	NITIAL OFFICERS AND/OR DIRECTOR: CARLOS DOS SANTOS PRESIDENT 18271 181ST CIR S BOCA RATON, FLORIDA 33498	S Name and Tit Address:	Ic:ROBERT SHANE UMPHREYS EXECUTIVE DIRECTOR 18271 181ST CIR S BOCA RATON, FLORIDA 33498
Name and Title Address:	CAROLINA UMPHREYS VICE PRESIDENT 18271 181ST CIR S BOCA RATON, FLORIDA 33498	Name and Tit Address:	le:
Name and Title Address:	SECRETARY 18271 181ST CIR S BOCA RATON, FLORIDA 33498	Name and Tit Address:	le:
	EEGISTERED AGENT da street address (P.O. Box NOT acceptable) of	the registered as	ent ic
Name: Address:	CARLOS DOS SANTOS 18271 181st CIR S BOCA RATON, FLORIDA 33498	- -	
	NCORPORATOR		
Name: Address:	ess of the Incorporator is:  CARLOS DOS SANTOS  18271 181ST CIR S  BOCA RATON, FLORIDA 33498	- -	
	as registered agent to accept service of process familiar with and accept the appointment as regi		
**************************************	Required Signature/Registered Agent		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 / In	<del>corpora</del> to	01-09-2012 Date