

P120007/670

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 AUG 20 AM 11:43

Ps 8/21/12

COVER LETTER

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

SUBJECT: Angel Touch Alternative Therapies, 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: Angel L. Anderson
Name (Printed or typed)

2511 SW 18th Ave
Address

Cape Coral, FL 33914
City, State & Zip

(239)-691-4843
Daytime Telephone number

angelandersonlmt@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:

Angel Touch Alternative Therapies, Inc.

12 AUG 20 AM 11:43

ARTICLE II PRINCIPAL OFFICE

Principal street address
2511 SW 18th Ave
Cape Coral, FL 33914

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Professional S Corporation to provide Licensed Massage Therapy and wellness services by appointment.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Angel L Anderson, President
Address: 2511 SW 18th Ave
Cape Coral, FL 33914

Name and Title: Richard L. Casey, Vice President
Address: 2511 SW 18th Ave
Cape Coral, FL 33914

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Angel L Anderson,
Address: 2511 SW 18th Ave
Cape Coral, FL 33914

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Angel L Anderson
Address: 2511 SW 18th Ave
Cape Coral, FL 33914

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

Angel L Anderson
Required Signature/Registered Agent

8-16-12
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.

Angel L Anderson
Required Signature/Incorporator

8-16-12
Date