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DIVISION OF CORPORATIONS
12 SEP -4 PM 3:38

9/5/12

COVER LETTER

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

SUBJECT: TOUCH OF EUROPE FOR BODY AND FACE, 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: Eniko Fekete

Name (Printed or typed)

232 Lake Constance Dr

Address

West Palm Beach, FL 33411

City, State & Zip

561-827-2585

Daytime Telephone number

enikofekete2@gmail.com

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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DIVISION OF CORPORATIONS

ARTICLE I NAME

The name of the corporation shall be: **TOUCH OF EUROPE FOR BODY AND FACE, INC.**

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ARTICLE II PRINCIPAL OFFICE

Principal street address
Eniko Fekete
232 Lake Constance Dr
West Palm Beach, FL 33411

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Massage and alternative medicine education.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>President Eniko Fekete</u>	Name and Title: _____
Address: <u>232 Lake Constance Dr</u>	Address: _____
<u>West Palm Beach, FL 33411</u>	_____
_____	_____
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: Eniko Fekete
Address: 232 Lake Constance Dr
West Palm Beach, FL 33411

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Eniko Fekete
Address: 232 Lake Constance Dr
West Palm Beach, FL 33411

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

8/28/12
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.


Required Signature/Incorporator

8/28/12
Date