

P130000051340

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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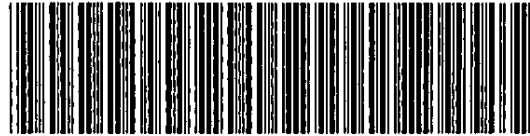
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
13 JUN 12 PM 1:06

6/13/13

## COVER LETTER

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

SUBJECT: Camilla's Touch 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: Camilla O. Minus  
Name (Printed or typed)

4121 37th Dr. #  
Address

Vero Beach, FL 32967  
City, State & Zip

(772) 480-6615  
Daytime Telephone number

minuscam@yahoo.com  
E-mail address: (to be used for future annual report notification)

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

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**Article I Name**

The name of the corporation shall be: Camilla's Touch, Inc.

**Article II Principal office**

Principal Street Address

4121 37<sup>th</sup> Dr.

Mailing Address, if different is:

(Same as Street)

Vero Beach, FL 32967

**Article III Purpose**

The purpose for which the corporation is organized is:

- To serve people who desire to live more independent and sufficient lives
- To provide counseling, evaluations, and recreational activities
- To provide Med-Waiver consumers with quality care in the following services: companionship, respite care, supported living coaching, in-home support, and transportation

**Article IV Shares**

The number of shares of stock is: 100

**Article V Initial Officers and/or Directors**

Name and Title: Camilla O. Minus, Director

Name and Title: Anithra Minus, Asst. Director

Address: 4121 37<sup>th</sup> Dr.

Address: 4240 S. Cypress Green Lane

Vero Beach, FL 32967

Vero Beach, FL 32967

Name and Title: Mariah Minus, Asst. Director

Address: 3842 42<sup>nd</sup> Lane

Vero Beach, FL 32967

**Article VI Registered Agent**

The name and Florida street address of the registered agent is:

Name: Camilla O. Minus

Address: 4121 37<sup>th</sup> Dr.

Vero Beach, FL 32967

**Article VII    Incorporator**

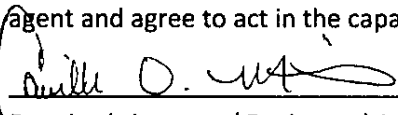
The name and address of the Incorporator is:

Name: Camilla O. Minus

Address: 4121 37<sup>th</sup> Dr.


Vero Beach, FL 32967

Having been named as registered agent to accept services of process for the above stated corporation at the place designated in this certificate, I am familiar with the accept the appointment as registered agent and agree to act in the capacity

  
Required signature/ Registered Agent

06-08-13  
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,*

  
Required Signature/ Incorporator

06-08-13  
Date

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