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COVER LETTER

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

SUBJECT:	e Right Hand Touch, inc.		
	(PROPOSED CORPOR	RATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an	original and one (1) copy of the a	rticles of incorporation and	d a check for:
☐ \$70.6 Filing F	· · · · · · · · · · · · · · · · · ·	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
FROM:	Yoshira Borrego		
		ne (Printed or typed)	
	7607 Palmera Point Cr.		
		Address	
	Tampa, FL 33615		
	Cit	y, State & Zip	
	8136131826		
	Daytime	Telephone number	
	Iglesias0813@Gmail.com		
	E-mail address: (to be us	sed 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)

<u>ARTICLE II PRIN</u>	CIPAL OFFICE Principal <u>street</u> address	Mailin	g address, if different is:
7607 Palmera Point Cr			
Tampa, FL 33615			_
ARTICLE III PURP The purpose for which	OSE the corporation is organized is:	e services	
			5
ARTICLE IV SHAR The number of shares of	ES 100 stock is:		27 M
	AL OFFICERS AND/OR DIRECTORS Yoshira Borrego President	Name and Title	9: 06
Address	7607 Palmera Point Cr.		
	Tampa, FL 33615		
Name and Title		Name and Title:	
Address			
Name and Title:		Name and Title:	
Address		Address:	
			,

	nd Title:	Name and Title:	
Addres	s	Address:	
			
			
	REGISTERED AGENT Torida street address (P.O. Box NOT accepta	ble) of the registered agent is:	
Name:	Yoshira Borrego	, , ,	
	7607 Palmera Point Cr.		5 Sus
Address:	Tampa FL 33615		HAY
APTICI E VII	INCORPORATOR		7 P
	-		AH 9
ine name and a	ddress of the Incorporator is: Yoshira Borrego		9: 06 3: 06
Name:		 	Full.
Address:	7607 Palmera Point Cr.		
	Tampa, FL 33615		
ARTICLE VIII	EFFECTIVE DATE:		
Effective date, in	other than the date of filing: date is listed, the date must be specific and o	. (OPTIONA	L)
days after the f		cannot be more than five busing	ness days prior or 20 busin
	e inserted in this block does not meet the appli	cable statutory filing requireme	nts, this date will not be list
Note: If the dat		ords.	
Note: If the dat the document's	effective date on the Department of State's rec		
the document's a	med as registered agent to accept service of p	rocess for the above stated corp as registered agent and agree to	poration at the place design to act in this capacity
the document's a		rocess for the above stated corp as registered agent and agree to	ooration at the place design o act in this capacity 05/13/2016
the document's a	med as registered agent to accept service of p	as registered agent and agree to	act in this capacity
the document's of Having been not this certificate, I	med as registered agent to accept service of p am familiar with and accept the appointment Joshan Biral S	as registered agent and agree to t n are true. I am aware that the	o act in this capacity 05/13/2016 Date fulse information submitte
the document's of Having been not this certificate, I	med as registered agent to accept service of p am familiar with and accept the appointment Birth Bignature/Registered Ager cument and affirm that the facts stated herei	as registered agent and agree to t n are true. I am aware that the	o act in this capacity 05/13/2016 Date fulse information submitte

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