

P19000032885

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

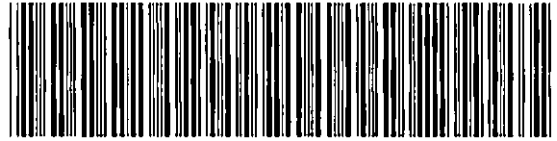
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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04/19/19--01007--021 **78.75

19 Apr 19 PM 3:03

COVER LETTER

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

SUBJECT: _____

Cynthia's Providing 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: _____

Cynthia Hunt
Name (Printed or typed)

P.O. Box 2521
Address

Fort Pierce FL 34986
City, State & Zip

772-201-3641
Daytime Telephone number

nhuntca1979@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)

ARTICLE I NAME

The name of the corporation shall be:

Cynthia's Providing Touch, Inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

Principal street address
221 SW Palm DR Apt 205
Port Saint Lucie FL 34986

Mailing address, if different is:

SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ARTICLE IV SHARES

The number of shares of stock is:

1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Cynthia Hunt - President

Name and Title:

Address:

221 SW Palm DR Apt 205
Port Saint Lucie FL 34986

Address:

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:

Address:

Cynthia Hunt
201 SW Palm Dr Apt 205
Port Saint Lucie FL 34986

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name:

Address:

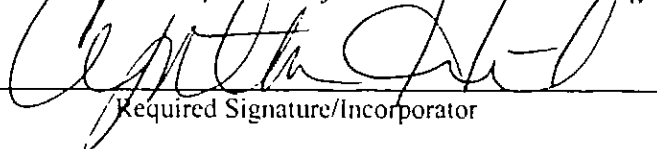
Cynthia Hunt
201 SW Palm Dr Apt 205
Port Saint Lucie FL
34986

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

4/19/18
Date

I submit this document and affirm that the facts stated herein are true. I am aware that any 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

4/19/18
Date

4/19/18

I Cynthia Hunt still the owner
of Cynthia's Providing Touch, LLC.

Regards
Cynthia Hunt