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J. ROSA & ASSOCIATES, INC.
7310 W. McNAB ROAD STE, 209
Tamarac, FL 33321

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-01791795--01049--003
*****70.00 *****70.00

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
- ☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

F. CHESSER FEB 3 1995

Examiner's Initials

ARTICLES OF INCORPORATION
OF

RECOVERING TOUCH CLINIC, INC.

The undersigned incorporator (s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt (s) the following Articles of Incorporation:

ARTICLE I. NAME

The name of the corporation shall be:

RECOVERING TOUCH CLINIC, INC.

ARTICLE II. PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

84 Northeast Fifth Street
Delray Beach, FL 33483

ARTICLE III. CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 100

ARTICLE IV. INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

Julie Berry
84 Northeast Fifth Avenue
Delray Beach, FL 33483

FILED
1995 JAN 30 AM 8 02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. Officers.

President Julie Berry
Address 84 Northeast Fifth Avenue
Delray Beach, FL 33483

Vice President _____
Address _____

Secretary Julie Berry
Address 84 Northeast Fifth Avenue
Delray Beach, FL 33483

Treasurer _____
Address _____

(If needed, you may attach an addendum to the application listing additional officers and/or directors.)

10. Name and Street address of Florida registered agent

Name: Julie Berry
Office Address: 84 Northeast Fifth Avenue
Delray Beach, FL 33483
City Zip Code

11. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered agent's signature: Julie Berry

12. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

13. Julie Berry
(Signature of Chairman, Vice Chairman, or any officer listed in number 9 of the application)

14. Julie Berry, President
(Name and capacity of person signing application)

ARTICLE V - INCORPORATORS

The names and address of the person (s) signing these Articles of Incorporation are as follows

Name Julie Berry
Address 84 Northeast Fifth Avenue
City Delray Beach State FL Zip 33483

Name _____
Address _____
City _____ State _____ Zip _____

Name _____
Address _____
City _____ State _____ Zip _____

IN WITNESS WHEREOF, the undersigned subscriber (s) have executed these Articles of Incorporation this 20 day of Jan., 199 5.

Julie Berry (Seal)

(Seal)
(Seal)

STATE OF FLORIDA) SS
COUNTY OF BROWARD)

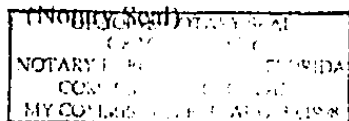
Before me, a Notary Public authorized to take acknowledgements in the State and County set forth above, personally appeared

Julie Berry

known to me and known to be the person (s) who executed the foregoing Articles of Incorporation, and who acknowledged before me that executed these Articles of Incorporation

IN WITNESS WHEREOF, I have hereunto affixed my hand and seal in the State and County aforesaid, this 20 day of Jan., 199 5

Jane L. Sherry
(Notary Public, State of Florida at-large)



My Commission expires Aug 31 1998

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida

- 1 The name of the corporation is:
RECOVERING TOUCH CLINIC, INC.
- 2 The name and address of the registered agent and office is

Julie Berry
(Name)
84 Northeast Fifth Street
(P.O. Box NOT acceptable)
Delray Beach, FL 33483
(City/State/Zip)

Signature

Title President

Date January 20, 1995

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Signature

Date January 20, 1995

REGISTERED AGENT FILING FEE \$35.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1995 JAN 30 AM 8:02

FILED