

P9500002336

TRANSMITTAL LETTER

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

800001440188
-03/27/95--01034--006
*****78.75 *****78.75

SUBJECT: EUROPEAN TOUCH, Inc.
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00
Filing Fee

☒ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

FROM:

MARIAM GONZALEZ
Name (printed or typed)

8107 LAGOS DE CAMPO BLVD.
Address

TAMARAC, FL - 33321
City, State & Zip

(305) 492-3111
Daytime Telephone number

FILED
54 MAR 23 PM 12:26
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

CA # 2609
of Plantation
Marion will send
Marion
AUTHORIZATION BY PHONE TO
CORRECT name
DATE 3/7/95
DOC. EXAM BR

688
789, 502, 671
W95-4990



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

March 7, 1995

MIRIAM GONZALEZ
8107 LAGOS DE CAMPO BLVD
TAMARAC, FL 33321

SUBJECT: EUROPEAN TOUCH, INC.
Ref. Number: W95000004990

We have received your document for EUROPEAN TOUCH, INC.. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$78.75. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of an entity name **DOES NOT** constitute a difference. Please select a new name and make the substitution in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

When the document is resubmitted, please return a copy of this letter to ensure that your document is properly handled.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6919.

Beth Register
Corporate Specialist Supervisor

Letter Number: 195A00010116

ARTICLES OF INCORPORATION

FILED
94 MAR 23 PM 12:26
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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: *EUROPEAN TOUCH, Inc. of PLANTATION*

ARTICLE II PRINCIPAL OFFICE

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

1812 N. UNIVERSITY DR. PLANTATION, FL. 33322

ARTICLE III SHARES

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

35

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

*MARILYN GONZALEZ
8107 LAGO DE CRUPO BLVD
TAMARAC, FL 33321*

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

MARTIN GONZALEZ
801 ZAGOS DR. CAMPO PRIO.
TALLAHASSEE, FL 32307

DONNA VLA DOLL
18901 N.W. 22nd St.
PENSACOLA PINES
FLORIDA 32509

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

2 day of MARCH, 1995.

Martín González
Signature

Signature

Signature

**Articles of Incorporation
Filing Fee - \$35**

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, 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: EUROPEAN TOUCH, Inc. of PLANTATION

2. The name and address of the registered agent and office is:

MARIAM GONZALEZ
(Name)
8107 LAGOS DE CAMPO BLVD.
(P.O. Box not acceptable)
TRIMARAC, FL 33321
(City/State/Zip)

FILED
MAR 23 PM 12:26
CLERK
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Mariam Gonzalez
(Signature)

2/3/95
(Date)