

P950000B3972

FILED

95 MAY -2 AM 11:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Denise Ellison
(Requestor's Name)

Rt 1 Box 93
(Address)

Lee, FL 32059 904-971-5377
(City, State, Zip) (Phone #)

OFFICE USE ONLY

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-05/02/95--01028--004
***122.50 ***122.50

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

1. Touch of Class of Perry Inc.
(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

MAY 2 1995 BSB
395A 000 20986

Examiner's Initials

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION
OF
TOUCH OF CLASS OF PERRY, INC.

The undersigned subscribers to these Articles of Incorporation, each a natural person to contract, hereby form a corporation under the laws of the State of Florida.

ARTICLE I. NAME

The name of the corporation is: TOUCH OF CLASS OF PERRY, INC.

ARTICLE II. NATURE OF BUSINESS

This corporation is organized for the purpose of engaging in and transacting any and all lawful business or activity permitted under the laws of the United States and of this State.

ARTICLE III. CAPITAL STOCK

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is: ONE HUNDRED SHARES of common stock having a nominal or par value of FIVE DOLLAR (\$5.00) per share.

ARTICLE IV. INITIAL CAPITAL

The amount of capital with which this corporation shall begin business is FIVE HUNDRED DOLLARS (\$500.00).

ARTICLE V. TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE VI. ADDRESS

The initial post office address of the principal office of this corporation in the State of Florida is: 2057 S. Byron Butler Parkway, Suite 7, Perry, FL 32347. The Board of Directors may from time to time move the principal office to any other address in Florida.

ARTICLE VII. DIRECTORS

This corporation shall have two directors initially. The number of directors may be increased or diminished from time to time by-laws adopted by the stockholders.

ARTICLE VIII. INITIAL DIRECTORS AND OFFICERS

The names and post office addresses of the members of the first Board of Directors, the President, Vice-President, and the Secretary, Treasurer who shall hold office for the first year of

ARTICLE XI. AMENDMENT

These Articles of Incorporation may be amended in the manner provided by law. Every amendment shall be approved by the Board of Directors, proposed by them to the stockholders, and approved at a stockholders' meeting by a majority of the stock entitled to vote thereon, unless all the directors and all the stockholders sign a written statement manifesting their intention that a certain amendment to these Articles of Incorporation be made.

Lee O. Ellison



Denise P. Ellison

STATE OF FLORIDA
COUNTY OF _____

I HEREBY CERTIFY that on this day before me, an officer duly authorized to take acknowledgments, personally appeared Lee O. Ellison and Denise P. Ellison, as subscribers, to me well known to be the persons described in and who executed the foregoing Articles of Incorporation, and acknowledged before me that they executed and subscribed to those Articles of Incorporation.

WITNESS my hand and official seal in the County and State last aforesaid, this ____ day of _____, 199_.

Notary Public
My commission expires: