

Date: JUNE 30, 1995

P95000052855

Secretary of State
Division of Corporations
P.O. Box 6127
Tallahassee, FL 32314

Re: TOUCH OF NAPLES INC.

To Whom It May Concern:

Enclosed please find two originals of the Articles of Incorporation, together with a check for \$122.50.

This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and fee for registered Agent Designation for the above named corporation.

Sincerely,

Vincenzo Schiano Di Cola
Vincenzo Schiano Di Cola
1801 N.W. HWY 19 N. #501
CRYSTAL RIVER, FL. 34428
(904) 563-6415

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-07/03/95--01039--0013
****122.50 ****122.50

122.50

ARTICLES OF INCORPORATION
OF
TOUCH OF NAPLES INC

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

ARTICLES I - CORPORATE NAME

The name of the corporation:

TOUCH OF NAPLES INC

ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

ARTICLE III - PURPOSE

This corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue FIVE HUNDRED shares (500) of the \$1.00 (one dollar) par value Common Stock, which shall be designated "Common Shares".

ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The name and address of the initial Registered Agent and the principal office and mailing address of this Corporation is:

Vincenzo Schiano DiCola
1801 N.W. Hwy. 19 N. #501
Crystal River, Fl. 34428

Principal Office and Mailing address:

1801 N.W. Hwy. 19 N. #501
Crystal River, Fl. 34428

FILED
95 JUL -3 PM 4:38
CLERK OF DISTRICT COURT
JUL 11 1995

ARTICLES OF INCORPORATION
of
TOUCH OF NAPLES INC

ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have one (1) director initially. The number of directors may be either increased or decreased from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial director of the corporation is:

Vincenzo Schiano DiCola
1801 N.W. Hwy. 19 N. #501
Crystal River, Fl. 34428

ARTICLE VII - INCORPORATORS

The names and address of the person signing these Articles of Incorporation is:

Vincenzo Schiano DiCola
1801 N.W. Hwy. 19 N. #501
Crystal River, Fl. 34428

IN WITNESS WHEREOF, the undersigned subscriber has executed these Articles of Incorporation this 7 day of July, 1995.

Vincenzo Schiano DiCola
Vincenzo Schiano DiCola

STATE OF FLORIDA
COUNTY OF CITRUS

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Before me, the undersigned authority, personally appeared, Vincenzo Schiano DiCola, who producing identification and being duly sworn, depose and say that they have read the fore-going instrument and that all the facts are true on this 7 day of July, 1995.

FL. DRIVERS License
SS32-861-58-094-0
Exp DATE 3-14-2002
TYPE OF ID AND NUMBER

Judy Rogers
NOTARY

PAGE 2 OF 2

JUDY ROGERS
My Comm. 5/09/97
Notary Public
State of Florida
18

CERTIFICATE OF REGISTERED AGENT
of
TOUCH OF NAPLES INC.

Pursuant to Florida Statutes Sections 48.091 and 607.034, the following is submitted:

The above corporation, desiring to organize under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation at:

1801 N. W. HWY 19 N. #501
CRYSTAL RIVER, FL. 34428

has named Vincenzo Schiano Di Cola, located at the afore-said address, as Registered Agent to accept service of process within this state.

Having been named to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept to act in this capacity, and agree to comply with the provisions of Florida Law in keeping open said office.

Vincenzo Schiano Di Cola
Vincenzo Schiano Di Cola,
Registered Agent

95 JUL -3 PM 4:38
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

P95000052855

JOHNSTON & SASSER, P.A.
ATTORNEYS AND COUNSELLORS AT LAW
POST OFFICE BOX 997
BROOKVILLE, FLORIDA 34605-0997

OFFICE USE ONLY

600001562876
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*****35.00 *****35.00

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 checked="" 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

SH 8/21
95 AUG 16 PM 2:17
SECRETARY OF STATE
DIVISION OF CORPORATIONS

Examiner's Initials

AFFIDAVIT OF RESIGNATION OF OFFICER AND/OR DIRECTOR

STATE OF FLORIDA
COUNTY OF HERNANDO

I, Vincenzo S. Dicola, after being duly sworn, state that to the best of my knowledge, information and belief, and under the penalties of perjury, the following is true and correct:

I, Vincenzo S. Dicola, hereby resign as Director of Touch of Naples, Inc., a Florida corporation;

That the corporation has been notified in writing of the resignation.

Vincenzo S. Dicola
Vincenzo S. Dicola

STATE OF FLORIDA
COUNTY OF HERNANDO

Sworn to and subscribed before me this 13th day of August, 1995, by Vincenzo S. Dicola.

[Signature]
NOTARY PUBLIC

OFFICIAL NOTARY SEAL
LILLIAN LAVIANO
NOTARY PUBLIC STATE OF FLORIDA
(Type or print name of Notary)
MY COMMISSION EXP. NOV. 29, 1997
My commission expires:

Personally known ☒ OR Produced Identification

Type of Identification Produced _____

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
5 AUG 16 PM 2:17