

P9600026029

TRANSMITTAL LETTER

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

SUBJECT: Therapeutic Touch Massage
(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

Additional Copy Required

FROM:

Samantha Hersch

Name (printed or typed)

1624 Plunkett St

Address

Hollywood Fla. 33020

City, State & Zip

(954) 927-3821

Daytime Telephone number

900001743269
-03/14/96--01076--003
*****78.75 *****78.75

FILED
96 MAR 26 AM 11:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Called 3/19
No Answer

~~W96 5869~~

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

T. BROWN MAR 26 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

March 19, 1996

SAMANTHA HERSCH
1624 PLUKETT STREET
HOLLYWOOD, FL 33020

SUBJECT: THERAPUTIC TOUCH MASSAGE
Ref. Number: W96000005869

We have received your document for THERAPUTIC TOUCH MASSAGE and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

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) 487-6932.

Teresa Brown
Corporate Specialist

Letter Number: 796A00012418

ARTICLES OF INCORPORATION

FILED
96 MAR 26 AM 11:20
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: Therapeutic Touch Massage Inc.

ARTICLE II PRINCIPAL OFFICE

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

1624 Plunkett St.
Hollywood, Fla. 33020

ARTICLE III SHARES

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

200 Shares no par value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Samantha Hersch
1624 Plunkett St
Hollywood Fla, 33020

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

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

Samantha Hersch
1624 Plunkett St
Hollywood, Fla 33020

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

8 day of March, 19 96.

Samantha Hersch
Signature

Signature

Signature

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

**CERTIFICATE OF DESIGNATION OF
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:

Therapeutic Touch Massage Inc.

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

Samantha Hersch
(NAME)

1624 Plunkett St.
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Hollywood Fla 33020
(CITY/STATE/ZIP)

FILED
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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.

Samantha Hersch
(SIGNATURE)

3/8/96
(DATE)