P97000046387

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

SUBJECT: NuTouch Enterprises Inc.

(Proposed corporate name - must include suffix)

800002189768--3 -05/23/97--01062--007 *****78.75 *****78.75

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

S70.00 Filing Fee

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S78.75 Filing Fee & Certificate \$122.50\$11Filing FeeFiling& Certified CopyCertified& Certified CopyCertified

S131.25 Filing Fee, Certified Copy & Certificate

ADDITIONAL COPY REQUIRED

FROM: MICHAEL A BULLARD

Name (Printed or typed)

3746 BETHLEHAM RD Address

DOVER FL 33527

City, State & Zip

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813-659-1941

Daytime Telephone number



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

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be: NuTouch Enterprises Inc.

PRINCIPAL OFFICE ARTICLE II

The principal place of business and mailing address of this corporation shall be: 3746 BETHLEHEM RD DOVER FL 33527

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 500 @ \$1.00 PER SHARE

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INITIAL REGISTERED AGENT AND STREET ADDRESS ARTICLE IV

The name and Florida street address of the initial registered agent are:

MICHAEL A PULLARD 3746 BETHLEHEM RD DOVER FL 33527

INCORPORATOR ARTICLE V

The name and address of the incorporator to these Articles of Incorporation are:

MICHAEL A BULLARD 3746 BETHLEHEM RD DOVER FL 33527

ALTON BULLARD 3746 BETHLEHEM RD DOVER FL 33527

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Signature/Incorporator

5/20/97 Date

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(An additional article must be added if an effective date is requested.)

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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 agont

Simature/Registered Agent