Requestor's Name Address City State 219	Phone)95aC	-11/10/9701067	3 3 3 3 3 3 3
CORPORATION(S) NAME		97	-
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Profit	() Amendment	() Merger		oll Fre
() NonProfit () Foreign	() Amendment () Dissolution	() Mark	12: 58 1.(18/17)	e
() Limited Partnership () Reinstatement	() Annual Report () Reservation	() Other () Change	of Registered Agent	ree: 1-800-432-3028
(X) Certified Copy	() Photo Copies	() Certifica	ate Under Seal	32-3
() Call When Ready Walk In () Will Wa	() Call if Problem	Pick Up () After 4:	30 () Mail Out	- - - -
Name Availability Document Examiner	de F	tified	Copy	
Updater		-	<u>J</u>	- - '
Verifier Acknowledgment				~\\\\
W.P. Verifier			d	10/

CR2E031 (R8-85)

ARTICLES OF INCORPORATION

World Class Touch

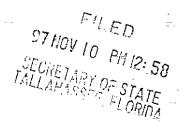
The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida.					
ARTICLE I - CORPORATE NAME					
The name of the corporation is:					
World Class Touch, INC					
VOUTE CLASS TOUCH, THE					
ARTICLE II - DURATION					
This corporation shall exist perpetually unless dissolved according to Florida law.					
This corporation state of the perfection, amount executed according to a second state of the second state					
ARTICLE III - PURPOSE					
The 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.					
The corporation is authorized to issue					
ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT					
The street address of the Initial Registered Agent office and the name of the Initial Registered Agent at that office is:					
NAME WONDING MASSITTANAM Vincent A. Aquilino					
Tells to lea Da					
CITY Coval Springs FLORIDA ZIP 33067					
The principal office, if known, or the mailing address of the corporation is:					
NAME Vaccent An Agrillina World Class Touch, Isc					
ADDRESS 7844 Wiles Rd.					
77.20					
CITY Coval Springs FLORIDA ZIP 3306/					

ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have(
NAME Vincent A Aquilin		· · · · · · · · · · · · · · · · · · ·
ADDRESS 7844 Wiles Rd		
CITY Coval Springs	STATE F	zip33067
NAME		
ADDRESS		
CITY	STATE	ZIP
NAME		
ADDRESS	<u> </u>	
CITY	STATE	ZIP
NAME Vincent A. Aguilling ADDRESS 7844 Wiles Rd. CITY Cova 1 Springs	- STATE F	ZIP33067
ADDRESS	4	· -
CITY	STATE	ZIP
NAME		-
ADDRESS		-
CITY	STATE	ZIP
IN WITNESS WHEREOF, the undersigned subscrib day of Nov. 1997.	Unicent Q. Que	poration this

CERTIFICATE AND KNOWLEDGEMENT OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT
OF



World Class Touch, INC.

Pursuant to Florida Statutes Sections 48.091 and 607.0501, 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

ACKNOWLEDGEMENT

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

Virices & Q. Oegin Co (registeref agent)