

P97000185564

TRANSMITTAL LETTER

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

800002372458--E
-12/15/97--01117--009
*****78.75 *****78.75

SUBJECT: Touch of Health Massage, Inc
(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: Shawn McOmber
Name (Printed or typed)

4047 MacEachen Blvd #61
Address

Sarasota FL 34233
City, State & Zip

(941) 929-9029
Daytime Telephone number

97 DEC 15 AM 11:34
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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

12-16-97
105

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:

Touch of Health Massage, Inc.

ARTICLE II **PRINCIPAL OFFICE**

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

1526 Stickney Point Road
Sarasota FL 34231

ARTICLE III **SHARES**

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

~~1000~~ ~~1000~~ 100 Shares

ARTICLE IV **INITIAL REGISTERED AGENT AND STREET ADDRESS**

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

Shawn McOmber
4074 MacEachen Blvd #61, Sarasota FL 34233

ARTICLE V **INCORPORATOR**

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

Shawn McOmber
4074 MacEachen Blvd. #61
Sarasota FL 34233


Signature/Incorporator

12-5-97

Date

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

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


Signature/Registered Agent

12-5-97

Date

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 DEC 15 AM 11:35