TRANSMITTAL LETTER

P9800061377

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

| SUBJECT: | Touch Pro Ma (Proposed corpor | a 5599e The rate name - must include su | erapy In | |
|---|----------------------------------|--|---|--|
| | | 40 | 00025849 -07/70798070 ******78.75 * | |
| 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 CO | PY REQUIRED | |
| FROM | : <u>Alexander</u> Name (Pr | IMENEZ inted or typed) | | |
| 6831 S.W. 129 aVENUE #1 | | | | |
| Miami, FL 33/83 City, State & Zip | | | | |
| | 200 200 11 | 7 ~7) | 38 | |

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

Daytime Telephone number



ARTICLES OF INCORPORATION

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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 · Pro Massage Therapy Inc.

PRINCIPAL OFFICE ARTICLE II

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

6831 S.W. 129 avenue #1 Miami, F1 33183

ARTICLE III SHARES

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

INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are: 6831 S.W. 129 avenue #1

Miami, F1 33183

INCORPORATOR

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

Alexander Jimenez 6831 S.W. 129 avenue #1

- Miami, F1 33/83

(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