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TRANSMITTAL LETTER

Department of State Division of Corporations P.O. Box 6327 Tallahassee, Fl 32314 400002851134--9 -04/26/99--01037--017 ******70.00 ******70.00

SUBJECT: ANGEL'S TOUCH HEALING, INC. (proposed corporate name)

Enclosed please find an original and one (1) copy of the articles of incorporation for the above corporation and check in the amount of $\frac{5}{10.00}$.

FROM:

LISA NEVINS 8623 BRIDLE PATH COURT FORT LAUDERDALE, FL 33328

<u>(954) 474-1449</u> Telephone Number







ARTICLES OF INCORPORATION

ANGEL'S TOUCH HEALING, INC.

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:

ANGEL'S TOUCH HEALING, INC.

ARTICLE II PRINCIPAL OFFICE

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

8623 BRIDLE PATH COURT FT LAUDERDALE, FL 33328

ARTICLE III CAPITAL STOCK

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

1,000 (TWO THOUSAND) SHARES COMMON STOCK

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

LISA NEVINS

8623 BRIDLE PATH COURT

FORT LAUDERDALE, FL 33328

ARTICLE V INCORPORATOR (S)

The name(s) and street address(es) of the incorporato $\overline{r}(s)$ to these Articles of Incorporation is (are):

LISA NEVINS 8623 BRIDLE PATH COURT FORT LAUDERDALE, FL 33328

The undersigned has (have) executed these Articles of Incorporation this 21day of April 21, 1999

INCORPORATOR

INCORPORATOR

CERTIFICATE OF DESIGNATION 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:

ANGEL'S TOUCH HEALING, INC.

2. THE NAME AND ADDRESS OF THE REGISTERED AGENT AND OFFICE IS:

LISA NEVINS 8623 BRIDLE PATH COURT FORT LAUDERDALE, FL 33328

SIGNATURE LIA Fleuma

TITLE PRESIDENT

DATE_April 21, 1999

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 / / Plusas DATE April 21, 1999