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TRANSMITTAL LETTER

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

Subject

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SECRET TALLAHA	ARY	OF S	TATE	
		.,	IRIDA	

Enclosed is an original and one (1) copy of the articles of incorporation and a check for					
<u> </u>	\$122.50 Filing Fee	S131.25 Filing Fee,			

The Last Touch Corp.

& Certified Copy

\$122.50 Filing Fee & Certified Copy

\$131.25 Filing Fee, **Certified Copy** & Certificate

(ADDT'L COPY REQ'D)

(ADDT'L COPY REQ'D)

FROM:	Philip K. Akalp	
	26500 West Agoura Road, Suite 361, Calabasas, California 91302	

300002908853--8 -06/18/99--01068--004 *****78.75 *****78.75

NOTE: Please provide the original and one copy of the articles. Provide TWO copies if you have requested a certified copy as designated in the boxes above.

ARTICLES OF INCORPORATION OF The Last Touch Corp.

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SECRETARY OF STATE
usiness Corporation Office.

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: The Last Touch Corp.

ARTICLE II PRINCIPAL OFFICĒ

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

5846 SW 81 Street Miami, Florida 33143

ARTICLE III SHARES

The number of shares that this corporation is authorized to have outstanding at any one time is: 10,000.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Norka Munilla 5846 SW 81 Street Miami, Florida 33143

ARTICLE V INCORPORATOR

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

Philip K. Akalp 26500 West Agoura Road, Suite 361 Calabasas, California 91302

Philip K. Akalp, Incorporator

10/3/99

Date

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 no differ, and I am familiar with and accept the obligations of my position as registered agent.

Horka Munilla, Registered Agent

Date