## PAMMAN METERS 311

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

articles.

SUBJECT: Per	sonal Touch Servi	ices. Inc.
Enclosed are an origin check for:	\$78.75 \$122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy, & Certificate
FROM:	JIM JOSEPH VALDES  Name (printed or typed)	00030045787 10/04/9901114011 ******70.00 ******70.00
	6320 NW 37 <sup>TH</sup> TERRACE	99 TAL
	Address VIRGINIA GARDENS, FL 33166	FILE OCT 10 LANASSEE
_	City, State, & Zip (305) 992-6716	AM 2: 37 FSTATE FLORID
NOTE	Daytime Telephone Number  : Please provide the original and or	<del>-</del>

10/13/975



#### FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

October 6, 1999

JIM JOSEPH VALDES 6320 N.W. 37TH ST. VIRGINIA GARDENS, FL 33166

SUBJECT: UTS CORP

Ref. Number: W99000023096

We have received your document for UTS CORP and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of a name is not acceptable. Please select a new name and make the correction in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6927.

Tracy Smith Document Specialist

Letter Number: 299A00048527

#### ARTICLES OF INCORPORATION

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:

#### PERSONAL TOUCH SERVICES INC

#### ARTICLE II PRINCIPAL OFFICE

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

6320 NW 37<sup>TH</sup> TERR VIRGINIA GARDENS, FL 33166

# 99 OCT TO AM 2: 37 SECRETARY OF STATE BITALLAHASSEE, FLORIDA

#### ARTICLE III SHARES

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

#### 100 SHARES AT \$1.00 PAR VALUE

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

The name and address of the initial registered agent is:

JIM JOSEPH VALDES 6320 NW 3T<sup>TH</sup> TERRACE VIRGINIA GARDENS, FL 33166

#### ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

#### JIM JOSEPH VALDES 6320 NW 37<sup>TH</sup> TERRACE VIRGINIA GARDENS, FL 33166

#### ARTICLE VI OFFICERS/DIRECTORS

PRESIDENT

JIM JOSEPH VALDES

	porator(s) has(have) executed these Art PTEMBER	icles of Incorporation this		-
	, 19 99	<del></del>		
(An additional arti	cle must be added if an effective d	ate is requested.)		
	Jun Voldes	· · · · · · · · · · · · · · · · · · ·		- 45 
	Signature	<del>,</del>		-
	Signature	>	<del>=</del> - ·	
	Signature	<b>.</b>		- '
	Notarization is n	ot roquirod		

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

### CERTIFICATE OF DESIGNATION OF 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.

The name of the corporation is:	PERSONAL TOUCH	SERVICES IN	C	r err
		e e	\$ . <sup>1</sup>	;;;;;; <u>;</u> ;;;;;;;;;;;;;;;;;;;;;;;;;;;;;
			_	to produce a
1. The name and address of the reg	gistered agent and office is:		·	- 
JI	M JOSEPH VALDES		99 SE( TAL	
	(NAMÉ)	<del>** _ ***</del> —,	ORETI	
6320 NW 37TH TERRACE				Ë
(P.O. BO)	OR MAIL DROP BOX NOT ACCE	TABLE)	FST ST	
VIRGI	NIA GARDENS , FL	33166	2: 37 TATE ORIDA	
	(CITY/STATE/ZIP)	-	·	1#22 :

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) (DATE)

DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 32314