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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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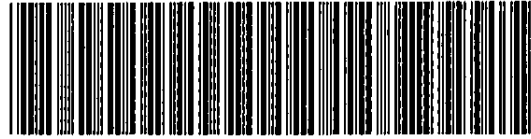
(Business Entity Name)

(Document Number)

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12 JAN 30 AM 10:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Colligan FEB - 3 2012

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Intuitive Touch Spa, Inc.  
(Name of Alien Business Organization)

Dear Sir or Madam:

The enclosed Designation of Registered Agent and Registered Office for Alien Business Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Barbara Austin  
(Name of Person)

Intuitive Touch Spa, Inc.  
(Firm/Company)

4380 27th Court SW @202  
(Address)

Naples, Florida 34116  
(City/State and Zip Code)

For further information concerning this matter, please call:

Barbara Austin at ( 813 ) 379-6184  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

\$35.00 Filing Fee

\$43.75 Filing Fee & Certified Copy

**DESIGNATION OF REGISTERED AGENT AND REGISTERED OFFICE FOR  
ALIEN BUSINESS ORGANIZATION**

PURSUANT TO SECTION 607.0505, FLORIDA STATUTES, THE UNDERSIGNED ALIEN BUSINESS ORGANIZATION SUBMITS THE FOLLOWING STATEMENT IN ORDER TO DESIGNATE ITS REGISTERED AGENT AND REGISTERED OFFICE IN THE STATE OF FLORIDA:

1. Intuitive Touch Spa, Inc.  
(Name of alien business organization)

2. Florida (State or country under which entity is organized) 3. 27-3043983  
(FEI Number, if applicable)

4. 4380 27th Court SW #202, Naples, FL 34116  
(Principal office address)

5. Name and Florida Street address of registered agent.  
Barbara Austin  
4380 27th Court SW #202  
Naples, FL 34116

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6. The street address of the registered office and the street address of the business office of the registered agent are identical.

7. Judith M Johnson President  
(Signature of chairman, vice chairman, or officer)

8. JUDITH M JOHNSON, PRESIDENT  
(Name and capacity of person signing in number 7 above)

9. Signature of registered agent:

*I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of section 607.0505, Florida Statutes.*

Barbara Austin (Registered agent accepting appointment) \_\_\_\_\_ (Date)

**THE FILING OF THIS ALIEN BUSINESS ORGANIZATION FORM WITH THE FLORIDA DEPARTMENT OF STATE DOES NOT AUTHORIZE THE ABOVE REFERENCED ENTITY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.**

**FILING FEE \$35**

**Make checks payable to Florida Department of State and mail to:  
Division of Corporations P. O. Box 6327 Tallahassee, FL 32314**