

N12000002247

(Requestor's Name)

(Address)

(Address)

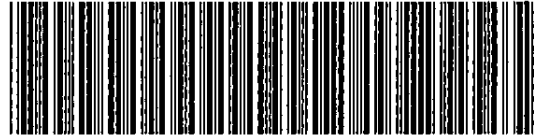
(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____



900222968439

02/28/12--01010--003 **79.00

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Special Instructions to Filing Officer:

Senya Covington Noble
add Director in Article IV
AUTHORIZATION BY PHONE TO
CORRECT *add Director in Article IV*
DATE *2/29/12*
DOC. EXAM *MRS*

Office Use Only

FILED
12 FEB 28 PM 3:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRS
2/29/12

COVER LETTER

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

SUBJECT: Sereniti Touch Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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 of
Status

\$78.75
Filing Fee
& Certified Copy

\$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Sonyia Cunningham-Noble
Name (Printed or typed)

5408 Paleo Pines Circle
Address

Ft. Pierce, FL 34951
City, State & Zip

(772) 409-7987
Daytime Telephone number

Sonyanoble17@yahoo.com
E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 29, 2012

SONYA COVINGTON-NOBLE
5408 PALEO PINES CIRCLE
FT PIERCE, FL 34951

SUBJECT: SERENITI TOUCH INC.
Ref. Number: W12000011751

We have received your document for SERENITI TOUCH INC. and your check(s) totaling \$79.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 617.0803, Florida Statutes, requires that the board of directors never have fewer than three directors.

Please return the corrected 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) 245-6052.

Ruby Dunlap
Regulatory Specialist II
New Filing Section

Letter Number: 212A00008206

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

FILED

12 FEB 28 PM 3:25

ARTICLE I NAME

The name of the corporation shall be: Sereniti Touch Inc.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

Principal street address
711 N. 20th Street
Ft. Pierce, FL 34950

Mailing address, if different is:
5408 Paleo Pines Circle
Ft. Pierce, FL 34981

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to restore self values by paving the way for those that matters. Reshaping the elements for growth and change by building up characters to face the world as an achiever. To empower the lives of young girls with the skills to mold themselves into their future. Inspiration means motivation with dedication ending with success.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: vice president and officers listed elected and appointed the director and asst. director based on background, experience and the references presented by both parties listed.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Gail Ingram Director
Address: 2103 Ave. Q
Ft. Pierce, FL 34950
772-464-3112

Name and Title: Gwendolyn Kuse Asst. Director
Address: 5140 E. Portofino Landing Blvd #105
Ft. Pierce, FL 34950
772-460-1848

Name and Title: Tyrone Rogin Officer
Address: 9315 Breaker Row
Ft. Pierce, FL 34945
772-318-8443

Name and Title: Edward Patrick Jr. Officer / S
Address: 6575 N.W. Chugwater Circle
Ft. St. Lucie, FL 34985
786-236-7876

Name and Title: Deana Hills Officer
Address: 2103 S. 26th Street
Ft. Pierce, FL 34947
772-318-9075

Name and Title: Miranda Reed Officer
Address: 180 S.E. Celestia Court
Ft. St. Lucie, FL 34983
772-626-4561

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Sonya Covington-Noble
Address: 711 N. 20th Street
Ft. Pierce, FL 34950
772-409-7937

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Sonya Covington-Noble
Address: 5408 Paleo Pines Circle
Fort Pierce, FL 34951
772-409-7937

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Sonya Covington-Noble
Required Signature of Registered Agent

2/20/2012
Date

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Sonya Covington-Noble
Required Signature of Incorporator
Sonya h. Covington-Noble

2/20/2012
Date