

**Electronic Articles of Incorporation  
For**

P24000059599  
FILED  
September 17, 2024  
Sec. Of State  
fjeggleston

A+ THERAPEUTIC TOUCH ASSISTED LIVING, INC

The undersigned incorporator, for the purpose of forming a Florida profit corporation, hereby adopts the following Articles of Incorporation:

**Article I**

The name of the corporation is:

A+ THERAPEUTIC TOUCH ASSISTED LIVING, INC

**Article II**

The principal place of business address:

7901 4TH ST N STE 300  
ST. PETERSBURG, FL. US 33702

The mailing address of the corporation is:

7901 4TH ST N STE 300  
ST. PETERSBURG, FL. US 33702

**Article III**

The purpose for which this corporation is organized is:

ANY AND ALL LAWFUL BUSINESS.

**Article IV**

The number of shares the corporation is authorized to issue is:

1,000

**Article V**

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

REGISTERED AGENTS, INC  
7901 4TH ST N STE 300  
ST. PETERSBURG, FL. 33702

I certify that I am familiar with and accept the responsibilities of registered agent.

Registered Agent Signature: DAVID ROBERTS

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## Article VI

The name and address of the incorporator is:

FAITH-MARIE GRIFFITHS  
7901 4TH ST N STE 300

ST. PETERSBURG, FL, 33702

Electronic Signature of Incorporator: FAITH-MARIE GRIFFITHS

I am the incorporator submitting these Articles of Incorporation and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of this corporation and every year thereafter to maintain "active" status.

## Article VII

The initial officer(s) and/or director(s) of the corporation is/are:

Title: P,VP  
FAITH-MARIE GRIFFITHS  
497 SW DUVAL AVE  
PORT SAINT LUCIE, GA. 34983 US

Title: S,T  
FAITH-MARIE GRIFFITHS  
497 SW DUVAL AVE  
PORT SAINT LUCIE, GA. 34983 US