

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

P19000040784

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000159553 3)))



H19000159553ABC5

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
STICKLER LABEL PRINTING USA INC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

2019 MAY 15 PM 2:46

2019 MAY 15 AM 10:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

[Electronic Filing Menu](#)

[Corporate Filing Menu](#)

[Help](#)

MAY 16 2019

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:Sticklex Label Printing USA inc**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

3534 NW 12th terra wiani FL 33125**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Rolando Soto Del Llano (P)SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2019 MAY 15 AM 10:32

FILED

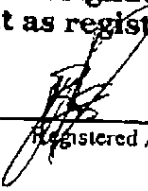
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address (PO Box not acceptable) of the registered agent is:

ROLANDO SOTO DEL LLANO
3534 NW 12th TERRA
MIAMI FL 33125**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:ROLANDO SOTO DEL LLANO
3534 NW 12th TERRA
MIAMI FL

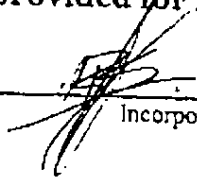
Required Signatures:

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



Registered Agent_____
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in 8.817.155, F.S.



Incorporator_____
Date