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Florida Department of State Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)205-0381

From:

Account Name : A 1 A CORPORATE SERVICES, INC.

Account Number : I20010000247

Phone : (305) 674-3313 Fax Number : (305) 675-2811

FLORIDA PROFIT CORPORATION OR P.A.

XOTIC BRAIN, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

Electronic Filling Menu

Corporate Filing

Public Access Hell

Articles of Incorporation

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I: NAME

The name of the corporation shall be:

XOTIC BRAIN, INC.

ARTICLE II: PRINCIPAL OFFICE

The principal place of business/mailing address is:

5226 NW 7TH STREET APT.B315 MIAMI, Florida 33126

ARTICLE III: PURPOSE

The purpose for which the corporation is organized:

The corporation may engage in any activity or business permitted under the laws of the State of Florida.

ARTICLE IV: SHARES

The number of shares of stock is:

1,500 COMMON SHARES PAR VALUE \$.01

ARTICLE V: INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es), and title(s) of the directors and officers is/are: President

LESTER MANUEL CANIZARES

5226 NW 7TH STREET APT.B315

MIAMI, FLORIDA 33126

Director

DANAY GIMENEZ

5226 NW 7TH STREET

MIAMI, FLORIDA 33126



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ARTICLE VI: REGISTERED AGENT

The name and Florida street address of the registered agent is:
LESTER MANUEL CANIZARES
5226 NW 7TH STREET APT.B315
MIAMI, FLORIDA 33126

ARTICLE VII: INCORPORATOR
The name and Florida street address of the incorporator is:
LESTER MANUEL CANIZARES
5226 NW 7TH STREET APT.B315
MIAMI, FLORIDA 33126

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.

LESTER MANUEL CANIZARES / Registered Agent

Date

LESTER MANUEL CANIZARES / Incorporator

Date

SECRETARY OF STATIONS
DIVISION OF MAR -2 PH 3: 58

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