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LAZARUS CORPORATE FILING SERV	
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MIAMI, FL 33165 (305) 552-597	TALLAHASSEE, FLORIDA
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CORPORATION NAME(S) & DOCUME	Office Use Only NT NUMBER(S) (if known):
1. STICKY BRAZ F	NC.
(Corporation Name)	(Document #)
(Corporation Name)	(Document #)
(Corporation Name)	(Document #)
4(Corporation Name)	(Document #)
Walk in Pick up time 2.	
Mail out Will wait	Photocopy Certificate of Status
NEW FILINGS	AMENDMENTS
 Profit Not for Profit Limited Liability Domestication Other 	 Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger
OTHER FILINGS	REGISTRATION/QUALIFICATION
 Annual Report Fictitious Name 	 Foreign Limited Partnership Reinstatement Trademark Other
CR2E031(7/97)	Examiner's Initials

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ARTICLES OF INCORPORATION

The undersigned Incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I - NAME

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The name of the corporation shall be:

Sticky Braz inc.

ARTICLE II - PRINCIPAL OFFICE

The principal place of business and mailing of this corporation shall be:

780 NE 69 ST #1602 Miami, Fl. 33138

ARTICLE III -SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

|0.0|

ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Cindy miralles 780 Ne 6957 7 1602 miani, Fl. 33138

ARTICLE V - INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is:



ARTICLE VI- DIRECTOR(S)

The name(s) and street address (es) of the director(s) to these Articles of Incorporation is (are):

CINDY MIRAILES (PRESident 780 NE 6955 #1602 Min mi, FI 33138

<u>CERTIFICATE OF DESIGNATION OF REGISTERED AGENT /REGISTERED OFFICE</u> Having been named as Registered Agent and to accept service of process for the above stated corporation at place designated in this certificate, i hereby accept the appointment as Registered Agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

Registered Agent Signature