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Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 417-3381

From: Department of State  
Address: 1200 13th Street, Tallahassee, FL 32304  
Phone : (904) 552-5070  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## FLORIDA PROFIT/NON PROFIT CORPORATION

### BROTHER LIQUOR INC

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

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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**

The name of the corporation shall be:

Brother LIQUOR INC

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TALLAHASSEE, FLORIDA

**ARTICLE II - PRINCIPAL OFFICE**

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

13876 SW 56 ST. #200  
Miami FL 33175

**ARTICLE III - SHARES**

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

100

**ARTICLES IV - INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and address of the initial registered agent is:

SENEN LASTRA  
13876 SW 56 ST. #200  
Miami FL 33175

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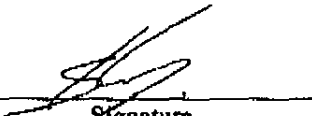
**ARTICLE V - INCORPORATOR**

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

SENEN LASTRA  
13876 SW 56 ST. # 200  
MIAMI FL 33175

The undersigned incorporator has executed these Articles of Incorporation this

28 day of OCTOBER 2009.

x   
Signature

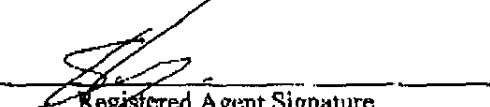
**ARTICLE VI - DIRECTOR (S)**

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

SENEN LASTRA (P)

**CERTIFICATE OF DESIGNATION OF REGISTERED AGENT**  
**/REGISTERED OFFICE**

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.

x   
Registered Agent Signature

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