

P110000046694

(Requestor's Name)

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2011 MAY 16 PM 2:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SC
5-18-11

COVER LETTER

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: Sparkle Import/ Export & Supply

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 Filing Fee
☐ \$78.75 Filing Fee
& Certificate of Status

☐ \$78.75 Filing Fee
& Certified Copy
☒ \$87.50 Filing Fee,
Certified Copy
& Certificate of
Status
ADDITIONAL COPY REQUIRED

FROM: Jason Karpel

Name (Printed or typed)

5401 Collins Ave. Apt. 519

Address

Miami Beach, FL 33140

City, State & Zip

786-499-7654

Daytime Telephone number

jasonkarpel@yahoo.com

E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FL 32314

2011 MAY 16 PM 2:30

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NOTE: Please provide the original and one copy of the articles.

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: **Sparkle Import/Export & Supply Inc.**

ARTICLE II PRINCIPAL OFFICE

Principal street address
5401 Collins Ave
Apt 519
Miami Beach, FL 33140

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Sparkle Import/Export & Supply Inc. will sell beauty supplies.

ARTICLE IV SHARES

The number of shares of stock is: **2**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **Jason Karpel President**
Address: **5401 Collins Ave Apt 519**
Miami Beach, FL 33140

Name and Title: **Lindinalva Rodriguez VP**
Address: **5401 Collins Ave Apt 519**
Miami Beach, FL 33140

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

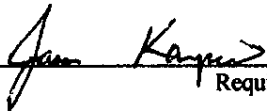
Name: **Jason Karpel**
Address: **5401 Collins Ave Apt 519**
Miami Beach, FL 33140

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: **Jason Karpel**
Address: **5401 Collins Ave Apt 519**
Miami Beach, FL 33140

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

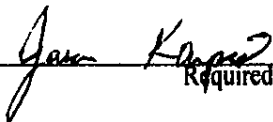


Required Signature/Registered Agent

May 11, 2011

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 s.817.155, F.S.



Required Signature/Incorporator

May 11, 2011

Date

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE