



**COVER LETTER**

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

**SUBJECT:** SPARKLE BEAUTY SUPPLY INC.  
(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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

**FROM:** Lindinalva Rodriguez  
Name (Printed or typed)

1880 S. Treasure Dr. Apt 4M  
Address

North Bay Village, FL 33141  
City, State & Zip

786-380-3937  
Daytime Telephone number

lindinalvarodriguez@hotmail.com  
E-mail address: (to be used for future annual report notification)

12 JUN 18 PM 1:55

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**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)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**ARTICLE I NAME** Sparkle Beauty Supply Inc.  
The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address  
1880 S. Treasure Dr.  
Apt 4M  
North Bay Village, FL 33141

12 JUN 18 PM 1:55  
Mailing address, if different is:

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is:  
Buy and sell beauty supplies, such as hair extensions, nail polish and equipment to name a few.

**ARTICLE IV SHARES**  
The number of shares of stock is: 10,000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Lindinalva Rodriguez President  
Address: 1880 S. Treasure Dr  
Apt 4M  
North Bay Village, FL 33141

Name and Title: President  
Address: Lindinalva Rodriguez  
1880 S. Treasure Dr Apt 4M  
North Bay Village, FL 33141

Name and Title: Jason Karpel V.P.  
Address: 1880 S. Treasure Dr.  
Apt 4M  
North Bay Village, FL 33141

Name and Title: V.P.  
Address: Jason Karpel  
1880 S. Treasure Dr. Apt 4M  
North Bay Village, FL 33141

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: Lindinalva Rodriguez  
Address: 1880 S. Treasure Dr. Apt 4M  
North Bay Village, FL 33141

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Jason Karpel  
Address: 1880 S. Treasure Dr. Apt 4M  
North Bay Village, FL 33141

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

6/13/2012

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

6/13/2012

Date