## P14000102085

(Requestor's Name)
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(Address)
(City/State/Zip/Phone #)
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PICK-UP, WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
·
Special Instructions to Filing Officer:
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Office Use Only



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12/19/14--01007--014 \*\*78.75

14 DEC 24 AH 8: 48

W14-75868

## **COVER LETTER**

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

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

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

ADDITIONAL COPY REQUIRED

FROM: DIDIER STICKEL

Name (Printed or typed)

2332 GALIANO STREET, 2MD FLOOR

Address

CORAL GABLES FL 33134

City, State & Zip

305-987-5/24

Daytime Telephone number

THE\_STICKELS PYAHOO. COM

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

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

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

he name of the corporation shall be: 5AN	RAFAEL,	INC.
RTICLE II PRINCIPAL OFFICE Principal street address	M	ailing address, if different is:
2332 GALIANO STREE		
2ND FLOOR		
CORAL GABLES, FL3	3134	
RTICLE III PURPOSE he purpose for which the corporation is organized is:		
O ENGAGE IN ANY	LAWFUL	ACT OR
ACTIVITY FOR WHICH	CORPORAT	ION MAY BE
ORGANIZED UNDER	THE LAW	of the
STATE OF FLORIS	DA	
	44547-144	
RTICLE IV SHARES ne number of shares of stock is: // 000 S#	ARES	
ne number of shares of stock is: // OOO SH	CTORS	
Name and Title: DIDIER STICKEL	PRESIDENT Name and Title:	14 DEC
Name and Title: DIDIER STICKEL	PRESIDENT Name and Title:	14 DEC 24
Name and Title: DIDIER STICKEL  Address  2 ND FLOOR	PRESIDENT Name and Title:	DEC 214 AH
Name and Title: DIDIER STICKEL  Address  2332  Address	PRESIDENT Name and Title:	DEC 21 AH 8: 4
Name and Title: DIDIER STICKEL  Address  200 St	PRESIDENT Name and Title: Address: FC 33/34	DEC 22
Name and Title: DIDIER STICKEL  Address  2332 GALIANO  2ND FLOOR  CORAC GABLES	Name and Title:  Name and Title:  Name and Title:	DEC 24 AH 8: 49
Name and Title: DIDIER STICKEL  Address 2332 GALIANG  CORAC GABLES  Name and Title: DIDIER STICKEL	Name and Title:  Name and Title:  Name and Title:	DEC 24 AH 8: 49
Name and Title: DIDIER STICKEL  Address 2332 GALIANG  CORAC GABLES  Name and Title: DIDIER STICKEL	Name and Title:  Name and Title:  Name and Title:	DEC 24 AH 3: 49
Name and Title: DIDIER STICKEL  Address  Name and Title: Address  Name and Title: Address	Name and Title:  Name and Title:  Address:  Address:  Address:	DEC 21 ATT 3: 4 8
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Name and Title: DIDIER STICKEL  Address  Name and Title: Address  Name and Title: Address	Name and Title:  Name and Title:  Address:  Name and Title:  Name and Title:  Name and Title:	DEC 21 AT 3: 48
Name and Title:	Name and Title:  Name and Title:  Address:  Name and Title:  Name and Title:  Name and Title:	DEC 21 AH 8: 49

Name and Title:	Name and Title:
Address	Address:
ARTICLE VI REGISTERED AGENT	
The name and Florida street address (P.O. Box NOT	
Name: DIDIER STI	ICKEL
Address: 2332 GACIANS	57, Zustwook
CORAL GABLES	FL 33134
ARTICLE VII INCORPORATOR	
The <u>name and address</u> of the Incorporator is:	
Name: Divier ST	ickel 3
Address: 2332 GALIAN	o ST. ZNO TOOR
CORAL GABO	0 ST. 2ND FLOOR : 12 12 12 12 12 12 12 12 12 12 12 12 12
Having been named as registered agent to accept servitis certificate, I am familiar with and accept the appo	vice of process for the above stated corporation at the place designated in pintment as registered agent and agree to act in this capacity
131 truic	12/23/2014
Required Signature/Register	red Agent Date
I submit this document and affirm that the facts state document to the Department of State constitutes a thir	ted herein are true. I am aware that the false information submitted in a red degree felony as provided for in s.817.155, F.S.
Required Signature/Incorp	12/23/2014.
required digitation incomp	portutor Date