

FEB/23/2015 FRI 11:45 AM

2/23/2015

Division of Corporations

Florida Department of State  
Division of Corporations  
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FLORIDA PROFIT/NON PROFIT CORPORATION  
SPARKLE TOUCH ENTERPRISE, INC.

Certificate of Status	0
Certified Copy	1
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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 TOUCH ENTERPRISE, INC.**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

**5345 SW 117 AVE**

**MIAMI, FL 33175**

Mailing address, if different is:

**SAME**

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

**ANY AND ALL LAWFUL BUSINESS**

**ARTICLE IV SHARES**

The number of shares of stock is: **SHARES: 100**

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

Name and Title: **ISMAEL SANTIAGO ARENCIBIA SARDINA (P)**

Address: **5345 SW 117 AVE**

**MIAMI, FL 33175**

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

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(cont.)

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: ISMAEL SANTIAGO ARENCIBIA SARDINA

Address: 5345 SW 117 AVE  
MIAMI, FL 33175


**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: ISMAEL SANTIAGO ARENCIBIA SARDINA

Address: 5345 SW 117 AVE  
MIAMI, FL 33175

*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*

x   
\_\_\_\_\_  
Required Signature/Registered Agent

FEB. 19, 2015

\_\_\_\_\_  
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

FEB. 19, 2015

\_\_\_\_\_  
Date

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