Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H11000166949 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE

Account Number: I20000000019

Phone : (305)552-5973 Fax Number : (305)220-1440 : (305)220-1440

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

20 mai 1	Address:			

FLORIDA PROFIT/NON PROFIT CORPORATION ORIGINS CIGARS INC.

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

Electronic Filing Menu

Corporate Filing Menu

Help

H11000166949

June 23 , 201

Florida Department of State

Attention: New Filings Section

To whom it may concern:

This is to advise you that the owners of OPIGIOS CIGARS INC. of Doc# POBODO5155 are the same owners of the attached articles of incorporation. We have dissolved the company and have no intention of reopening it. Thank you for your help in this matter.

Very sincerely,

06/24/2011 08:44 06/23/2011 11:03 3052201440

3053834090

LAZARUS

SANDRA A GUERRA

PAGE 03/03

PAGE 03/03

H11000166949

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

ARTICLE 1	ORIGINS CIGARS INC.				
	PRINCIPAL OFFICE Principal gross address 901 SW 106 AVE, UNIT 128	Malling address, if different is:			
M	AMI, FL 3:1157		El 33032		
ARTICLE III P The purpose for whi ANY AND ALL	URPOSE ich the corporation is organized is: LAWFUL BUSINESS				
ARTICLE IV	SHARES 8 of stock is: 100 SHARES				
ARTICLE V	INITIAL OF TEERS AND/OR DIRECTORS • KAREL NARTINEZ - PRESIDENT	Jeme and Title	•		
Address:	13836 SVV 257 TERR	Address:			
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	HOMESTEAD, EL 33032				
Name and make					
Name and 1 it Address:	le:	Name and Title: Address:			
rudios.					
	le:	Name and Thie:			
Address:					
ADDITED DO	REGISTERED AGENT		T <u>X</u> SE		
The name and Flor	ida street addrigs (P.O. Box NOT acceptable) of the	e registered agent is:	1 JUN SECRETI ALLAHA		
Name:	KARELMARTINEZ		JUN RETP AND	$\neg \neg$	
Address	13836 SW 257 TERR		\$ 2		
	HOMESTEAD, FL 33032		י ווין 🕶	ÌΤ	
ARTICLE VII	NCORPORATOR			, .	
The pame and add	tes of the incorporator is:		FINE PR	_	
Name:	KAREL MARTINEZ		- 12 S		
Address:	13836 S\N 257 TERR HOMESTEAD, FL 33032		28 IDA		
	d as registered agant to accept service of process for familiar with and accept the depositionent as registe		noration at the place designated in	,	
· '			06/23/2011		
	Requirer Signature/Registered Agent		Date		
I submit this document to the Dep	nant and affirm that the facts stated herein are to partment of State constitutes a third degree felony a	es. I am arrave that the sprovided for in s.87%.	e false information submitted in a 155, F.S.		
			06/23/2011		
	Required Signature/Incorporator		Date		