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| Certified Copies | Certificates | of Status |
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| Special Instructions to F | Filing Officer: | |
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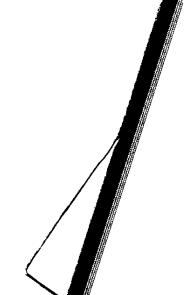
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SECRETARY OF STATE
ALARSSEF, FLORIDA

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COVER LETTER

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

| SUBJECT: Cigar Goods Inc. | |
|--|---|
| (PROPOSED CORPORA | TE NAME – <u>MUST INCLUDE SUFFIX</u>) |
| Enclosed are an original and one (1) copy of the artic | cles of incorporation and a check for: |
| \$70.00 Filing Fee & Certificate of Status | \$78.75 \$87.50 Filing Fee Filing Fee, & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED |
| FROM: Raymond Goirigolzarri Name | (Printed or typed) |
| 1615 SW 101 Ave | Address |
| Miami. FL 33165 | State & Zip |
| 786-340 <u>-5289</u> | |
| Daytime To | elephone number |
| cigargoods@gmail.com E-mail address: (to be used | for future annual report notification) |
| NOTE: Please provide the or | riginal and one copy of the articles. |

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

| ARTICLE II | PRINCIPAL OFFICE | | |
|---|--|--------------------------|--|
| | Principal street address | Mai | iling address, if different is: |
| • | 1615 SW 101 Ave | | |
| | Miami, FL 33165 | | |
| | | | |
| RTICLE III | PURPOSE which the corporation is organized is: | | |
| | accessories at retail. | | |
| to con organ | acceptation at rotali. | | 4 |
| | | | TALLARSEE. |
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| | | | P. 9 |
| ARTICLE IV | SHARES | | SSE |
| | ares of stock is:100 | | - in si = 0 |
| | | | F2 57 -: |
| | INITIAL OFFICERS AND/OR DIRECTO | | <u> </u> |
| | Fitle: Raymond Goirigolzarri / President | Name and Title: | <u>@</u> |
| Address: | 1615 SW 101 Ave | | |
| | Miami, FL 33165 | | |
| . | 201 | | |
| Name and Address: | Fitle: | | |
| Address. | | | |
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| Nf 3 7 | Fitle: | | |
| Address: | The: | | |
| Addiess. | | | |
| | | _ | |
| ARTICLE VI | REGISTERED AGENT | | |
| he name and Fl | orida street address (P.O. Box NOT acceptable) | | s: |
| Name: | Raymond Goirigolzarri | | |
| Address: | 1615 SW 101 Ave | <u>—</u> | |
| | Miami, FL 33165 | | |
| ARTICLE VII | INCORPORATOR | | |
| | dress of the Incorporator is: | | • |
| | Raymond Goirigolzarri | <u> </u> | |
| | <u> Daymunu Suinguzam</u> | | |
| he <u>name and ad</u> | 1615 SW 101 Ave | · | |
| he <u>name and ad</u> Name: | | <u> </u> | |
| he <u>name and ad</u> Name: Address: | 1615 SW 101 Ave Miami, FL 33165 | | l corporation at the place designated |
| he name and ad Name: Address: | 1615 SW 101 Ave Miami, FL 33165 ned as registered agent to accept service of proce | | |
| he name and ad Name: Address: | 1615 SW 101 Ave Miami, FL 33165 | | |
| he name and ad Name: Address: | 1615 SW 101 Ave Miami, FL 33165 ned as registered agent to accept service of proce am familiar with and accept the appointment as re | egistered agent and agr | |
| he name and ad Name: Address: | 1615 SW 101 Ave Miami, FL 33165 ned as registered agent to accept service of proce am familiar with and accept the appointment as re | egistered agent and agr | |
| he <u>name and ad</u> Name: Address: Iaving been nan his certificate, I d | 1615 SW 101 Ave Miami, FL 33165 med as registered agent to accept service of processing familiar with and accept the appointment as responsible accept the accept the appointment as responsible accept the appointment as responsible accept the appointment as responsible accept the accept the appointment as responsible accept the acc | egistered agent and agr | ee to act in this capacity 9/15/11 Date |
| he name and ad Name: Address: laving been nam his certificate, I do | 1615 SW 101 Ave Miami, FL 33165 med as registered agent to accept service of processing familiar with and accept the appointment as responsible accept the appointment and affirm that the facts stated herein and accept the appointment as responsible acceptance and the appointment acceptance acceptance and the appointment acceptance acceptance and the appointment acceptance ac | egistered agent and agra | ee to act in this capacity 9/15/11 Date at the false information submitted in |
| he name and ad Name: Address: Iaving been nan his certificate, I d | 1615 SW 101 Ave Miami, FL 33165 med as registered agent to accept service of processing familiar with and accept the appointment as responsible accept the accept the appointment as responsible accept the appointment as responsible accept the appointment as responsible accept the accept the appointment as responsible accept the acc | egistered agent and agra | ee to act in this capacity 9/15/11 Date at the false information submitted in |