

F09000001637

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

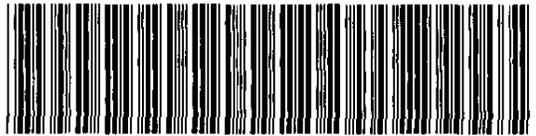
(Document Number)

Certified Copies _____ Certificates of Status _____

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Division of Corporations
Tallahassee, Florida

RECEIVED
09 APR 23 AM 11:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 APR 23 PM 12:06

FILED

TABACOS USA, INC

PO BOX 3130 · 3815 BETHMAN ROAD · EASTON, PA 18045
TEL/FAX (610) 515-1875 · MOBILE (610) 428-1690

April 21, 2009

New Filing Section
Division of Corporations
State of Florida
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RE: Tabacos USA, Inc.-Application for Florida Certificate of Authority

To Whom It May Concern:

The enclosed completed "Application by Foreign Corporation for Authorization to Transact Business in Florida", a "Certificate of Existence" from the State of Delaware and a check in the amount of \$87.50 (for Filing Fee, Certificate of Status and Certified Copy) are submitted to register the above-referenced corporation to transact business in Florida.

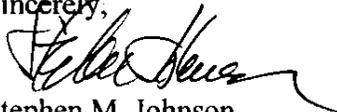
Please return all correspondence concerning this matter to the following:

Stephen M. Johnson
Tabacos USA, Inc.
3815 Bethman Road
Easton, PA 18045

For further information concerning this matter, please call Stephen M. Johnson at (610) 428-1690.

Thank you for your attention to this matter.

Sincerely,



Stephen M. Johnson
Director and Secretary

Enclosures

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. TABACOS USA, INC. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. DELAWARE (State or country under the law of which it is incorporated) 3. 20-3058903 (FEI number, if applicable)

4. JUNE 8, 2004 (Date of incorporation) 5. PERPETUAL (Duration: Year corp. will cease to exist or "perpetual")

6. NO BUSINESS TRANSACTED IN FLORIDA TO DATE (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 3015 BETHMAN ROAD, EASTON, PA 18045 (Principal office address)

P.O. Box 3130, EASTON, PA 18045 (Current mailing address)

8. WHOLESALE DISTRIBUTOR AND STAMPER OF CIGARETTES (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: CT CORPORATION SYSTEM

Office Address: 1200 S. PINE ISLAND ROAD

PLANTATION, Florida 33324 (City) (Zip code)

FILED 09 APR 23 PM 12:06 SECRETARY OF STATE TALLAHASSEE, FLORIDA

10. Registered agent's acceptance:

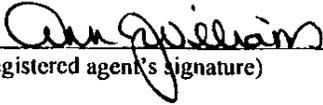
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

PLEASE SEE ATTACHED SHEET (Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



(Registered agent's signature)

ANN J. WILLIAMS
Assistant Vice President

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: SARAH CARTES (ALSO DIRECTOR)

Address: AEROPARQUE SILVIO PETTIROSSI
LUQUE, PARAGUAY

Vice Chairman: N/A

Address: _____

Director: HORACIO CARTES

Address: AEROPARQUE SILVIO PETTIROSSI
LUQUE, PARAGUAY

Director: JUAN CARLOS LOPEZ MOREIRA

Address: CONCEPCION LEYES DE CHAVEZ Y CALLE 4, PARQUE INDUSTRIAL
BARRIL e H.TOS, ASUNCION, PARAGUAY

B. OFFICERS

President: WILLIAM M. CLOHERTY (ALSO DIRECTOR)

Address: 5005 SANGAMORE ROAD
BETHESDA, MARYLAND 20816-2327

Vice President: N/A

Address: _____

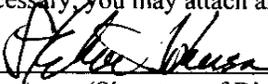
Secretary: STEPHEN M. JOHNSON (ALSO DIRECTOR)

Address: 3815 BETHMAN ROAD, EASTON, PA 18045

COMPTROLLER AND CHIEF FINANCIAL OFFICER: PAULA WEILAND

Address: 3815 BETHMAN ROAD, EASTON, PA 18045

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 
(Signature of Director or Officer listed in number 12 of the application)

14. STEPHEN M. JOHNSON, DIRECTOR AND SECRETARY
(Typed or printed name and capacity of person signing application)

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: OSVALDO SALUM

Address: CONCEPCION LEYES DE CHAVEZ y CALLE 4 PARQUE INDUSTRIAL
BARRAIL e HIJOS, ASUNCION, PARAGUAY

Director: _____

Address: _____

B. OFFICERS

President: _____

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. _____
(Signature of Director or Officer listed in number 12 of the application)

14. _____
(Typed or printed name and capacity of person signing application)

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT "TABACOS USA INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

CERTIFICATE OF INCORPORATION, FILED THE EIGHTH DAY OF JUNE, A.D. 2004, AT 8:30 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE AFORESAID CORPORATION, "TABACOS USA INC."

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TABACOS USA INC." WAS INCORPORATED ON THE EIGHTH DAY OF JUNE, A.D. 2004.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

3811964 8310

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Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 7252507

DATE: 04-17-09