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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☒ WAIT ☐ MAIL

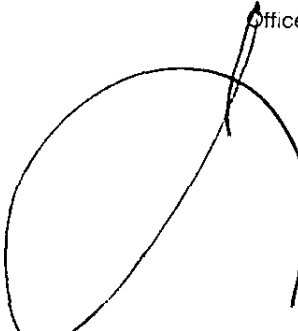
(Business Entity Name)

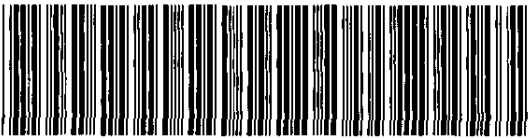
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RECEIVED  
09 APR 23 AM 11:53  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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

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

4. JUNE 8, 2004 5. PERPETUAL  
(Date of incorporation) (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)

**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.*

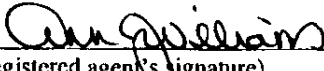
PLEASE SEE ATTACHED SHEET  
(Registered agent's signature)

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.

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

**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 CHITOS, ASUNCION, PARAGUAY

**B. OFFICERS**

President: WILLIAM M. CLOHERTY (ALSO DIRECTOR)

Address: 5005 SANGAMORE ROAD  
BETHESDA, MARYLAND 20816-2327

Vice President: N/A

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

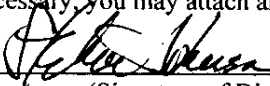
Secretary: STEPHEN M. JOHNSON (ALSO DIRECTOR)

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

090374126

You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 7252507

DATE: 04-17-09