

F/1400000 2783

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

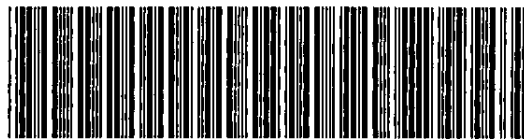
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MD 6/27

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: DON THOMAS CIGAR INC INC
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Elizabeth Alcántara

Name of Person

DON THOMAS CIGAR INC

Firm/Company

1273-A Matthew Perry Road

Address

Key West, FL 33040

City/State and Zip code

elizcj@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Elizabeth Alcántara at 305 393-4612

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☒ \$87.50 Filing Fee, Certificate of Status & Certified Copy

**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. **DON THOMAS CIGAR INC 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. **PUERTO RICO**

(State or country under the law of which it is incorporated)

3. **66-0823611**

(FEI number, if applicable)

4. **MAY 13, 2014**

(Date of incorporation)

5. **PERPETUAL**

(Duration: Year corp. will cease to exist or "perpetual")

6. _____

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. **URB. LA MARINA, CAPRICORNIO 27, CAROLINA, PR 00979**

(Principal office address)

URB. LA MARINA, CAPRICORNIO 27, CAROLINA, PR 00979

(Current mailing address)

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

Name: **Elizabeth Alcántara**

Office Address: **1273-A Matthew Perry Rd**

Key West

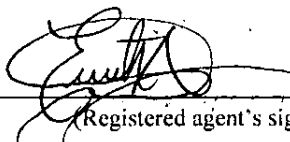
(City)

Florida 33040

(Zip code)

9. **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)

10. 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.

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

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TALLAHASSEE FLORIDA

B. OFFICERS

President: TOMAS URENA

Address: URB. LA MARINA, CAPRICORNIO 27
CAROLINA, PR 00979

Vice President: ELIZABETH ALCANTARA

Address: 1273-A MATTHEW PERRY ROAD
KEY WEST, FL 33040

Secretary: _____

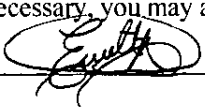
Address: _____

Treasurer: _____

Address: _____

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

12. _____



Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that 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.

13. Elizabeth Alcántara, Vice President

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



Commonwealth of Puerto Rico
DEPARTMENT OF STATE
San Juan, Puerto Rico

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TALLAHASSEE, FLORIDA

CERTIFICATE OF REGISTRY

I, **DAVID E. BERNIER RIVERA**, **Secretary of State** of the Commonwealth of Puerto Rico;

CERTIFY: That **DON THOMAS CIGAR INC INC.**, register number **338568**, is a **Domestic For Profit Corporation** organized under the laws of Puerto Rico on this **13th of May, 2014 at 09:07 p.m.**



IN WITNESS WHEREOF, the undersigned by virtue of the authority vested by law, hereby issues this certificate and affixes the Great Seal of the Commonwealth of Puerto Rico, in the City of San Juan, Puerto Rico, today, **May 13, 2014**.

DAVID E. BERNIER RIVERA
Secretary of State