

FI7000001930

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

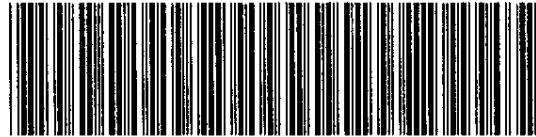
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/28/17--01027--015 **87.50

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. SCOTT

MAY 1 - 2017

COVER LETTER

TO: Registration Section
Division of Corporations

Show Cigars, Inc.

SUBJECT: _____
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:
Jay Valinsky, Esq.

Name of Person
Kain & Valinsky, P.A.

Firm/Company
900 Southeast Third Avenue, Suite 205

Address
Fort Lauderdale, FL 33316

City/State and Zip code
fadisalmaz@aol.com

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

For further information concerning this matter, please call:

Jay Valinsky 954 768-0678 ext. 305

Name of Person Area Code Daytime Telephone Number

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

Registration 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

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TALLAHASSEE, FLORIDA

**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.*

Show Cigars, Inc.

1. _____
(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)
Pennsylvania 45-5270827

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
April 19, 2012

4. _____ 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

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

315 Green Ridge Road, Suite H2, New Castle, PA 16105-6145

7. _____
(Principal office address)

(Current mailing address, if different)

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

Jay Valinsky, Esq.

Name:

900 Southeast Third Avenue, Suite 205

Office Address:

Fort Lauderdale

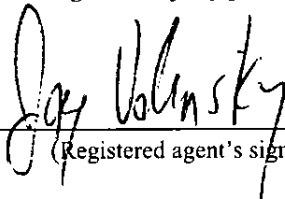
33316

(City)

, Florida (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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TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Fadi Zahran

Chairman:

315 Green Ridge Road, Suite H2

Address:

New Castle, PA 16105-6145

Vice Chairman:

Address:

Director:

Address:

Director:

Address:

B. OFFICERS

Fadi Zahran

President:

315 Green Ridge Road, Suite H2

Address:

New Castle, PA 16105-6145

Vice President:

Address:

Secretary:

Address:

Treasurer:

Address:

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

X 12. Fadi Zahran [Signature] Director; Pres: del.

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 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.

Fadi Zahran, President

13.

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

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TREASURY DIVISION
STATE OF NEW YORK

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE

04/20/2017

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

Show Cigars, Inc.

is duly registered as a Pennsylvania Business Corporation under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT *this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.*



IN TESTIMONY WHEREOF, I have hereunto set
my hand and caused the Seal of the Secretary's
Office to be affixed, the day and year above written

Pedro A. Contes

Secretary of the Commonwealth

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SECRETARY OF STATE
TREASURY

Certification Number: TSC170420152133-1

Verify this certificate online at <http://www.corporations.pa.gov/orders/verify.aspx>