

A7000004797

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

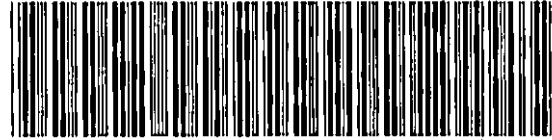
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2017 OCT 23 P 3:49  
TALLAHASSEE, FLORIDA

FILED

2017 OCT 23 AM 8:17

TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CANON CIGARS INTERNATIONAL 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:

SALVATORE PARKER

Name of Person

CANON CIGARS INTERNATIONAL INC.

Firm/Company

1400 AVENUE Z, SUITE 405

Address

BROOKLYN, NY 11205

City/State and Zip code

ALLANDON@SATIMECPA.COM

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

For further information concerning this matter, please call:

ALLAN SAKKAL, CPA

347

702-5943

at ( )

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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OCT 23 P 3:49  
TALLAHASSEE, FL

**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.*

CANON CIGARS INTERNATIONAL 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)

2. NEW YORK 3. 81-3466466  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 08/05/2016 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)

7. 16 WAVERLY AVENUE, FLOOR 4 UNIT, BROOKLYN, NY 11205  
(Principal office address)

\_\_\_\_\_  
(Current mailing address, if different)


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

Name: SALVATORE PARKER

Office Address: 255 EVERNIA STREET, APT 604  
WEST PALM BEACH, Florida 33401  
(City) (Zip code)

**Registered agent's acceptance:**

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

  
(Registered agent's signature)

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

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2017 OCT 23 PM 5  
TALLAHASSEE, FL

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

**A. DIRECTORS**

Chairman: SALVATORE PARKER

Address: 16 WAVERLY AVENUE, FLOOR 4 UNIT, BROOKLYN, NY 11205

Vice Chairman:

Address:

Director:

Address:

Director:

Address:

**B. OFFICERS**

President: SALVATORE PARKER

Address: 16 WAVERLY AVENUE, FLOOR 4 UNIT, BROOKLYN, NY 11205

Vice President:

Address:

Secretary:

Address:

Treasurer:

Address:

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

Signature of Director or Officer

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.

SALVATORE PARKER, PRESIDENT

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

FILED  
OCT 13 10 34 AM  
CLERK OF THE COURT  
JULIA H. SULLIVAN

**State of New York**  
**Department of State** } ss:

I hereby certify, that the Certificate of Incorporation of CANON CIGARS INTERNATIONAL INC. was filed on 08/05/2016, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.



FILED  
1917 OCT 23 P 3:49  
TALLAHASSEE, FLORIDA

\*\*\*

*WITNESS my hand and the official seal  
of the Department of State at the City of  
Albany, this 06th day of October two  
thousand and seventeen.*

A handwritten signature in dark ink, appearing to read "B. Fitzgerald", written over a horizontal line.

*Brendan W. Fitzgerald  
Executive Deputy Secretary of State*