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\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

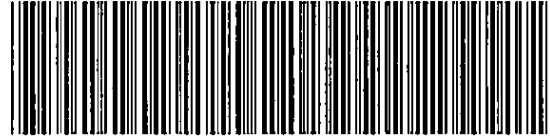
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

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2023 NOV 29 PM 4:22

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** TOBACCO IMPORTS CORP.

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:

ANNIA ESTEVEZ

Name of Person

TOBACCO IMPORTS CORP

Firm/Company

66 W. FLAGLER ST. STE. 900 PMB 9858

Address

MIAMI, FL 33130

City/State and Zip code

TOBACCOIMPORTSCORP@GMAIL.COM

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

For further information concerning this matter, please call:

ANNIA ESTEVEZ

at ( 845 ) 2703300

Name of Person

Area Code

Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**MAILING ADDRESS:**

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

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$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. TOBACCO IMPORTS CORP.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
- TOBACCO IMPORTS AND MORE CORP  
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. NEW YORK 3. 86-1185285  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 01/04/2021 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. 66 W. FLAGLER ST. STE. 900 PMB 9858, MIAMI, FL 33130  
(Principal office street address)
- SAME AS ABOVE  
(Current mailing address, if different)

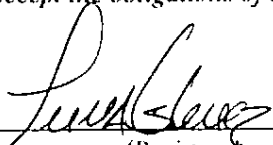
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: ANNIA ESTEVEZ

Office Address: 66 W. FLAGLER ST. STE. 900 PMB 9858  
MIAMI, Florida 33130  
(City) (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.

2023 NOV 29 PM 4:22

**A. DIRECTORS**

☐ Chairman Name: ANNIA ESTEVEZ  
☐ Vice Chairman Address: 600 LAYNE BLVD. APT 102  
☐ Director HALLANDALE BEACH, FL 33009  
☒ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director \_\_\_\_\_  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director \_\_\_\_\_  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director \_\_\_\_\_  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director \_\_\_\_\_  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director \_\_\_\_\_  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

12. \_\_\_\_\_  
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.

13. ANNIA ESTEVEZ - PRESIDENT  
(Typed or printed name and capacity of person signing application)

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, ROBERT J. RODRIGUEZ, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name: TOBACCO IMPORTS CORP.  
DOS ID Number: 5902389  
Entity Type: DOMESTIC BUSINESS CORPORATION  
Entity Status: EXISTING  
Date of Initial Filing with DOS: 12/23/2020  
  
Statement Status: CURRENT  
Statement Due Date: 12/31/2022

No information is available from this office regarding the financial condition, business activity or practices of this entity.



WITNESS my hand and official seal of the Department of State,  
at the City of Albany, on October 20, 2023 at 03:12 P.M.

ROBERT J. RODRIGUEZ, Secretary of State

*Brendan C. Hughes*

By Brendan C. Hughes  
Executive Deputy Secretary of State

Authentication Number: 100004524590 To Verify the authenticity of this document you may access the  
Division of Corporation's Document Authentication Website at <http://ecorp.dos.ny.gov>

New York State Department of State  
Division of Corporations, State Records and Uniform Commercial Code  
**COPY REQUEST/CERTIFICATE OF STATUS RECEIPT**

ANNIA ESTEVEZ  
TOBACCO IMPORTS CORP.  
52 BROADWAY  
HAVERSTRAW NY 10927

**DATE:** 10/20/2023 **TRANSACTION NUMBER:** 202310200002759

**ENTITY INFORMATION:**

**ENTITY NAME:** TOBACCO IMPORTS CORP.  
**DOS ID:** 5902389  
**DATE OF INITIAL DOS FILING:** 12/23/2020

<b><u>REQUESTED SERVICES:</u></b>	<b><u>NUMBER REQUESTED:</u></b>	<b><u>FEE:</u></b>
UNCERTIFIED COPY(\$5.00)		\$0.00
CERTIFIED COPY(\$10.00)		\$0.00
CERTIFICATE OF STATUS - SHORT FORM(\$25.00)	1	\$25.00
CERTIFICATE OF STATUS - LONG FORM(\$25.00)		\$0.00
EXPEDITED HANDLING		\$25.00

<b><u>TOTAL PAYMENTS RECEIVED:</u></b>	\$50.00
CASH:	\$0.00
CHECK/MONEY ORDER:	\$0.00
CREDIT CARD:	\$50.00
DRAWDOWN ACCOUNT:	\$0.00
REFUND DUE:	\$0.00

<b><u>REQUESTED COPY</u></b>	<b><u>FILE DATE</u></b>	<b><u>FILE NUMBER</u></b>
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