

N08000005784

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

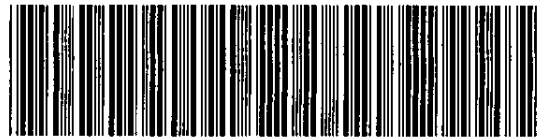
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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*Amend*  
C.COULLETTE

APR 29 2009

EXAMINER

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** Cigars for Soldiers, Inc.

**DOCUMENT NUMBER:** N080000005784

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Joseph C. Trunkett  
(Name of Contact Person)

Trunkett Law Firm, LLC  
(Firm/ Company)

6820 Porto Fino Circle, Suite  
(Address)

Fort Myers, FL 33912  
(City/ State and Zip Code)

For further information concerning this matter, please call:

Joseph C. Trunkett at ( 239 ) 790 4529  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |   |   |  |  |
|---|---|--|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input type="checkbox"/> \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |
|---|---|--|--|

**Mailing Address**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Articles of Amendment  
to  
Articles of Incorporation  
of

Cigars for Soldiers, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

N080000005784

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

*The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.*

**B. Enter new principal office address, if applicable:**

(Principal office address MUST BE A STREET ADDRESS)

3108 Santa Barbara Blvd

Suite 105, #433

Cape Coral, FL 33914

**C. Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

Same

**D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent:

\_\_\_\_\_

New Registered Office Address:

\_\_\_\_\_

(Florida street address)

\_\_\_\_\_

(City)

Florida

(Zip Code)

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.*

\_\_\_\_\_  
Signature of New Registered Agent, if changing

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
FILED



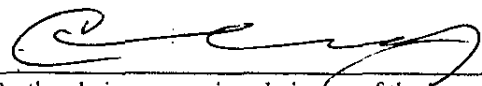
The date of each amendment(s) adoption: 4/20/09

Effective date if applicable: 4/20/09  
*(no more than 90 days after amendment file date)*

**Adoption of Amendment(s) (CHECK ONE)**

- The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.
- There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated 4/20/09

Signature   
*(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)*

Charles Ley  
*(Typed or printed name of person signing)*

President  
*(Title of person signing)*

**AMENDED  
ARTICLES OF INCORPORATION  
OF CIGARS FOR SOLDIERS, INC.  
(a Florida corporation not-for-profit)**

In order to form a corporation under and in accordance with Chapter 617 of the Florida Statutes, we, the undersigned, hereby associate ourselves into a corporation for the purposes and with the powers hereinafter set forth and to that end, we do, by these AMENDED Articles of Incorporation, certify as follows:

ARTICLE I

NAME

The name of this Association shall be CIGARS FOR SOLDIERS, INC., whose present address is 3108 Santa Barbara Blvd, Suite 105, #433, Cape Coral, FL 33914

ARTICLE II

PURPOSE OF NON-PROFIT CORPORATION

(A) Said organization is organized exclusively for charitable, religious, educational, and scientific purposes, including, for such purpose, the making of distributions to organizations qualified as exempt organizations under section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code.

(B) Upon the dissolution of the organization, assets shall be distributed for one or more exempt purposes within the meaning of section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government, for a public purpose. Any such assets not disposed of shall be disposed of by Court of Common Pleas of the county in which the principle office of the organization is then located, exclusive for such purpose or to such organization or organizations, as said Court shall determine, which are organized and operated exclusively for such purposes.

ARTICLE III

The manner in which directors are elected or appointed shall be as provided in the By-Laws.

ARTICLE IV

The term for which this Non-Profit Corporation shall exist is perpetual.

ARTICLE V

The name and address of the Incorporator(s) to these Articles are as follows:

<u>NAME</u>	<u>ADDRESS</u>
Charles Ley	3108 Santa Barbara Blvd, Suite 105, #433, Cape Coral, FL 33914

ARTICLE VI

The initial officers of the corporation are:

Title: P, T	
Charles Ley	3108 Santa Barbara Blvd, Suite 105, #433, Cape Coral, FL 33914

Title: VP'	
Amanda Ley	3108 Santa Barbara Blvd, Suite 105, #433, Cape Coral, FL 33914

Title: S	
Gary Kamp	3108 Santa Barbara Blvd, Suite 105, #433, Cape Coral, FL 33914

ARTICLE VII

INDEMNIFICATION

Every Director and every officer of the Association (and the Directors and/or officers as a group) shall be indemnified by the Association against all expenses and liabilities, including counsel fees (at all trial and appellate levels) reasonably incurred by or imposed upon him or them in connection with any proceeding, litigation or settlement in which he may become involved by reason of his being or having been a Director or officer of the Association. The foregoing provisions for indemnification shall apply whether or not he is a Director or officer at the time such expenses are incurred. Notwithstanding the above, in instances where a Director or officer admits or is adjudged guilty of willful misfeasance or malfeasance in the performance of his duties, the indemnification provisions of these Articles shall not apply. Otherwise, the foregoing rights to indemnification shall be in addition to and not exclusive of any and all rights of indemnification to which a Director or officer may be entitled whether by statute or common law.

ARTICLE VIII  
BY-LAWS

The By-Laws of the Association shall be adopted by the First Board, and thereafter may be altered, amended or rescinded in the manner provided for in the By-Laws and Florida Statutes. The method for amending the By-Laws is set forth in the By-Laws.

ARTICLE X

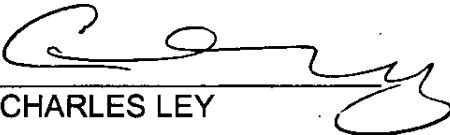
REGISTERED AGENT

The name and address of the Initial Registered Agent is:

Charles Ley 3108 Santa Barbara Blvd, Suite 105, #433,  
Cape Coral, FL 33914

IN WITNESS WHEREOF, the Subscribers have hereunto affixed their signatures the day and year set forth below.


DATED: APRIL <sup>27<sup>th</sup></sup> 20, 2009

  
CHARLES LEY

STATE OF FLORIDA  
COUNTY OF LEE

I HEREBY CERTIFY that on this <sup>27</sup> 20<sup>TH</sup> day of APRIL 2009, before me, a Notary Public duly authorized in the State and County named above to take acknowledgements, personally appeared CHARLES LEY, who produced FL DRIVERS LICENSE as identification or who are personally known to me and who did/did not take an oath

WITNESS my hand and official seal in the County and State aforesaid, this <sup>27</sup> 20<sup>TH</sup> day of APRIL 2009

NOTARY PUBLIC - STATE OF FLORIDA  
 Kathleen G. McGuire  
Commission #DD647526  
Expires: MAR. 10, 2011  
BONDED THRU ATLANTIC BONDING CO., INC.

  
Notary Public



ACKNOWLEDGMENT BY DESIGNATED (REGISTERED) AGENT:

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT TO ACT IN THIS CAPACITY, AND AGREE TO COMPLY WITH THE PROVISION OF SAID ACT RELATIVE TO KEEPING OPEN SAID OFFICE.

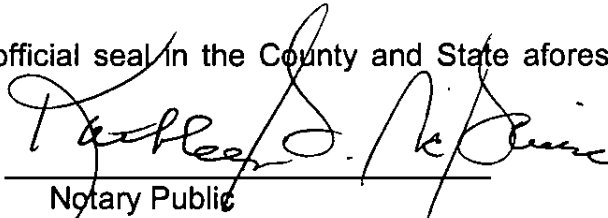
DATED THIS <sup>27<sup>th</sup></sup> 20<sup>th</sup> DAY OF APRIL, 2009


  
CHARLES LEY

STATE OF FLORIDA  
COUNTY OF LEE

I HEREBY CERTIFY that on this <sup>27</sup> 20<sup>th</sup> day of APRIL 2009, before me, a Notary Public duly authorized in the State and County named above to take acknowledgements, personally appeared CHARLES LEY who produced FL DRIVER'S LICENSE as identification or who are personally known to me and who did/did not take an oath

WITNESS my hand and official seal in the County and State aforesaid, this <sup>27</sup> 20<sup>th</sup> day of APRIL 2009

  
Notary Public

NOTARY PUBLIC - STATE OF FLORIDA  
 Kathleen G. McGuire  
Commission #DD647526  
Expires: MAR. 10, 2011  
BONDED THRU ATLANTIC BONDING CO., INC.