PO10000006988

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 PILED

OI JAN 19 AM 8: 20

SECRETARY OF STATE
TALLAHASSEF, FI ORIDA

SUBJECT: BM IN	DUSTRIES	Inc			
		ne - must include suf	fix)		
			-0	035253293 1/05/0101067003 *****78.75 ******78.75	
Enclosed is an original and	d one (1) copy	of the articles of	f incorporation a	and a check	
	:	s122.50 Filing Fee & Certified Copy Additional Copy	\$131.25 Filing Fee, Certified Copy & Certificate Required		
FROM:	BRUEE Name (pri	MARGO inted or typed)			
<u></u>	1649 FORE	en PLACE,	#9		
WEST PALL BEACH, FL 33401 City, State & Zip					
	(561) 6	616-2611	···	,	
Daytime Telephone number					

NOTE: Please provide the original and one copy of the articles.

CB1-19 W-01786



FLORIDA DEPARTMENT OF STATE

Katherine Harris Secretary of State

January 10, 2001

BRUCE MARGO 1649 FORUM PLACE STE 9 W PALM BCH, FL 33401

SUBJECT: BM INDUSTRIES, INC. Ref. Number: W01000000786

We have received your document for BM INDUSTRIES, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with an address and telephone number where you can be reached during working hours.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6925.

Letter Number: 001A00001528

Cynthia Blalock Document Specialist

FILED
01 JAN 19 AM 8: 20

ARTICLES OF INCORPORATION

SECRETARY OF STATE TALLAHASSEE, FLORIDA

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

The name of the corporation shall be:

BM CIGARS, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

1649 FORJEH PLACE, SLEITE #9 WEST FALLY BEACH, FX 33401

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: O,000,000 AT NO PAR VALUE

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

BRUCE MARGO 1649 FORMA PLACE, #9 WEST PALM BEACH, FL 33401

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

e name(s) can		. 🗚		
BOUCE	- B.	MARGO H RACE, BEACH,	ζ.,	#9
149	FORM	4 PLACE,	E	23401
11)85	PALM	BEACH,	/ A.	202 /01

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

The undersigned	January Tanuary	, 49 <u>20</u>	<u>001_</u> .	
day of	JANUARY			
-	Bruw	B May		
		Signature		
		Signature		

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is.					
	BM	CIGAR	es, INC.	1	
2. The name and address of the re			,		
Bence	MARGO	Jame)			
•	Box or Mail Dro	_		-	
WEST	PALLY BE	STATE ZIP)	33401	. ·	
Having been named as registered corporation at the place designated agent and agree to act in this caparelating to the proper and complete obligations of my position as registered.	ed in this certif pacity. I furthe te performance	ficate, I hereby or agree to co	y accept the appoi nply with the prov	intment as re visions of all	egistered I statutes
BRUW B. MI	TORE)		1-2-0 (DATE)	7/ TALLI	0. 1.

DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 3231400