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**LAWTRUS CORPORATE FILING SERVICE**

3320 S.W. 87 AVENUE

MIAMI, FLORIDA (305)552-5973

TERESA ROMAN (TALLAHASSEE REPRESENTATIVE)

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. SIBONEY CIGAR, INC.  
(Corporation Name) (Document #)

2. \_\_\_\_\_ (Corporation Name) (Document #) 4000004634314--7

3. \_\_\_\_\_ (Corporation Name) (Document #) -10/12/01--01006--009  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

4. \_\_\_\_\_ (Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2:00

☒ Certified Copy

☐ Mail out ☐ Will wait

☐ Photocopy

☐ Certificate of Status

| NEW FILINGS                         |                   |
|-------------------------------------|-------------------|
| <input checked="" type="checkbox"/> | Profit            |
| <input type="checkbox"/>            | NonProfit         |
| <input type="checkbox"/>            | Limited Liability |
| <input type="checkbox"/>            | Domestication     |
| <input type="checkbox"/>            | Other             |

| AMENDMENTS               |                                       |
|--------------------------|---------------------------------------|
| <input type="checkbox"/> | Amendment                             |
| <input type="checkbox"/> | Resignation of R.A., Officer/Director |
| <input type="checkbox"/> | Change of Registered Agent            |
| <input type="checkbox"/> | Dissolution/Withdrawal                |
| <input type="checkbox"/> | Merger                                |

| OTHER FILINGS            |                  |
|--------------------------|------------------|
| <input type="checkbox"/> | Annual Report    |
| <input type="checkbox"/> | Fictitious Name  |
| <input type="checkbox"/> | Name Reservation |

| REGISTRATION/QUALIFICATION          |                     |
|-------------------------------------|---------------------|
| <input checked="" type="checkbox"/> | Foreign             |
| <input checked="" type="checkbox"/> | Limited Partnership |
| <input checked="" type="checkbox"/> | Reinstatement       |
| <input checked="" type="checkbox"/> | Trademark           |
| <input type="checkbox"/>            | Other               |

RECEIVED  
01 OCT 12 AM 11:11  
TALLAHASSEE, FLORIDA

FILED  
01 OCT 12 PM 12:55  
TALLAHASSEE, FLORIDA

Examiner's Initials

## **ARTICLES OF INCORPORATION**

*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.*

**FILED**  
01 OCT 12 PM 12:55  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

### **ARTICLE I - NAME**

*The name of the corporation shall be:*

**SIBONEY CIGAR, INC.**

### **ARTICLE II - PRINCIPAL OFFICE**

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

1935 W. FLAGLER ST  
MIAMI, FL. 33135

### **ARTICLE III - SHARES**

*The number of shares of stock that this corporation is authorized to have outstanding at any one time is:*

100 SHARES OF COMMON STOCK @ \$1.00 PAR VALUE

### **ARTICLE IV - INITIAL REGISTERED AGENT AND STREET ADDRESS**

*The name and address of the initial registered agent is:*

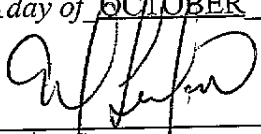
MOISES D. LUJAN  
13161 N.W. 7th LANE  
MIAMI, FL. 33182

**ARTICLE V - INCORPORATOR**

*The name and street address of the incorporator(s), to these Articles of Incorporations is(are):*

MOISES D. LUJAN  
13161 N.W. 7th LANE  
MIAMI, FL. 33182

*The undersigned incorporator(s), has executed these Articles of Incorporation this* 11 *day of* OCTOBER *2001*

  
\_\_\_\_\_  
Signature

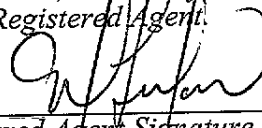
**ARTICLE VI - DIRECTOR(S)**

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

MOISES D. LUJAN  
13161 N.W. 7TH LANE  
MIAMI, FL. 33182

**CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE**

*Having been named as Registered Agent and to accept service of process for the above stated corporation at place designated in this certificate, 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 related 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 Signature

**FILED**  
01 OCT 12 PM 12:56  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA