

P02000021476

TRANSMITTAL LETTER

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

400004990294--9  
-02/22/02--01017--013  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: SUSANCIGARS INC.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00  
Filing Fee

☒ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

ADDITIONAL COPY REQUIRED

FROM: HECTOR GALLEG0  
Name (Printed or typed)

11330 SW 145 AVE.  
Address

MIAMI, FL 33186  
City, State & Zip

305-815-7529  
Daytime Telephone number

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

02 FEB 22 PM 12:53

FILED

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

gjs/26

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**

The name of the corporation shall be:

*SUSAN CIGARS INC.*

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailing address is:

*11330 SW 145 AVE. MIAMI, FL 33186*

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

*To sell cigars and related products online*

**ARTICLE IV SHARES**

The number of shares of stock is:

*2000 Par Value .01*

**ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)**

The name(s), address(es) and title(s):

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address of the registered agent is:

*SUSAN STIPCIAVOS  
11330 SW 145 AVE., MIAMI, FL 33186*

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

*HECTOR GALLEGOS  
11330 SW 145 AVE., MIAMI, FL 33186*

\*\*\*\*\*  
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

*[Signature]*  
\_\_\_\_\_  
Signature/Registered Agent

*2-20-02*  
\_\_\_\_\_  
Date

*[Signature]*  
\_\_\_\_\_  
Signature/Incorporator

*2/20/02*  
\_\_\_\_\_  
Date

FILED  
02 FEB 22 PM 12:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA