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To: Division of Corporations
Fax Number : (850) 205-0381

From: Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

FILED
02 DEC 11 AM 8:14
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FLORIDA PROFIT CORPORATION OR P.A.

CIGARRETES MART, INC.

Certificate of Status	0
Certified Copy	1
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FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

December 11, 2002

FAS-T

SUBJECT: CIGARRETES MART, INC.
REF: W02000034660

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with a notarized affidavit stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

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

CONFLICT IS P00000112952.

If you have any further questions concerning your document, please call (850) 245-6904.

Freida Chesser
Corporate Specialist
New Filings Section

FAX Aud. #: H02000235569
Letter Number: 202A00065439

ARTICLE OF INCORPORATION

OF

CIGARRETES MART SALES, INC.

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

FILED
02 DEC 11 AM 8:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be: CIGARRETES MART SALES, INC.

The principal place of business of this corporation shall be:

4560 W. 12 AVE.
Hialeah, FL 33012

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United State, the State of Florida, or any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is:

100 X \$ 10.00 = \$1,000.00

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) if any, who shall hold office the first year of the corporation's existence or until their successor(s) is (are) elected, is(are):

ANDRES TORRES DIRECTOR
5620 E. 1 AVE.
Hialeah, FL 33013

ROSSANA CARDONA DIRECTOR
5620 E. 1 AVE.
Hialeah, Fl. 33013

ARTICLE VI INCORPORATOR(S)

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

ANDRES TORRES President (50 shares)
5620 E. 1 AVE.
Hialeah, Fl. 33013

ROSSANA CARDONA Secretary & Treasurer (50 shares)
5620 E. 1 Ave.
Hialeah, FL 33013

The undersigned has(have) executed these Article of Incorporation this 10th day of 13, 2002.


Signature/Title

[Signature]
Signature/Title

Signature/Title

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, 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: _____

CIGARRETES MART SALES, INC.

2. The name and address of the registered agent and office

is ANDRES TORRES

(Name)

5620 E. 1 AVE.

(P. O. BOX NOT ACCEPTABLE)

HIALEAH, FL. 33012

(CITY/STATE/ZIP)

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS MY POSITION AS REGISTERED AGENT.

SIGNATURE _____

DATE 12-10-02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02 DEC 11 AM 8:15

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