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Division of Corporations

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

From: Account Name : AC HOME/OFFICE SERVICES CORP.
Account Number : 120010000212
Phone : (786)247-4780
Fax Number : (305)557-4621

FLORIDA PROFIT CORPORATION OR P.A.
KAROL KING CIGARETTES, INC.

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$78.75

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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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.

ARTICLE I - NAME

The name of the corporation shall be:

KAROL KING CIGARRETTES, INC.

ARTICLE II - PRINCIPAL OFFICE

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

15455SW 75 Circle Lane Apt 102
Miami, FL 33193

ARTICLE III - SHARES

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

100

ARTICLES IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

CAROLINA ESPINEL RIVAS
15455 SW 75 Circle Lane Apt 102
MIAMI, FL 33193

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ARTICLE V - INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is:

CAROLINA ESPINEL RIVAS
15455 SW 75 Circle Lane Apt 102
Miami, FL 33193

The undersigned incorporator has executed these Articles of Incorporation this 20 day of DECEMBER 2002

Carolina Espinel Rivas
Signature

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TALLAHASSEE, FLORIDA

ARTICLE VI - DIRECTOR(S)

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

CAROLINA ESPINEL RIVAS
15455 SW 75 Circle Lane #102
Miami, FL 33193

PRESIDENT

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.

Carolina Espinel Rivas
Registered Agent Signature