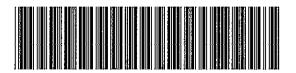
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(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				





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## TRANSMITTAL LETTER

Department of State Division of Corpora P. O. Box 6327		· · · · · · · · · · · · · · · · · · ·	- ·	
Tallahassee, FL 323	314		. •	
SUBJECT:	(PROPOSED CORPORATE N	NAME - MUST INGLUDE	S TA	1 <u>C</u> .
Enclosed is an origin	nal and one(1) copy of the article	s of incorporation and a	check for:	_
☐ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
	Sheniqu	ROM:  C A 4  Inted or typed)	· · · · ·	· · · · · · · · · · · · · · · · · · ·
	507 Cany	ry Lane		, <del>es</del> e Novele L
	Havana (750) City, S (750) 53. 973 - 40 Daytime Te	3233 State & Zip 9-009/ hm 60 - 2/60/ lephone number	<u>Ce</u> //	

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

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	EU ED
ARTICLE I NAME	FILED 04 MAR 18 PM 3: 10
The name of the corporation shall be:  Suits & Cigars INC.	SECRETARY OF STATE TALLAHASSEE, FLORIDA
ARTICLE II PRINCIPAL OFFICE  The principal place of business/mailing address is:	on dage of the control of the contro
507 Country Lane; Havana, F/3	32333
ARTICLE III PURPOSE  The purpose for which the corporation is organized is:	
ARTICLE IV SHARES The number of shares of stock is: 1	· · · · · · · · · · · · · · · · · ·
ARTICLE V INITIAL OFFICERS/DIRECTORS (optional	
The name(s), address(es) and title(s):  Tresident  Shenique Ray	- 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
Havana, FP 32333  ARTICLE VI REGISTERED AGENT	
The name and Florida street address of the registered agent is:	
Shenique Kay	
Havana Fly 32333 ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is:	· .
507 Country Lane Havana, Fl	39333
***************************************	*********
Having been named as registered agent to accept service of process for the above state certificate, I am familiar with and accept the appointment as registered agent and agree	
	2/10/10/10
Signature/Registered Agent	Date 5
Shoniero Zinu	3/18/14
Signature/Incorporator	Date
	•