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To:

Division of Corporations

Fax Number : (850)205-0381

From:

Account Name : SIEGELAUB, LIEBERMAN & ASSOCIATES, P.A.

Account Number : I19990000058 : (954)753-2222 Phone Fax Number

: (954)753-1123

FLORIDA PROFIT CORPORATION OR P.A.

RICHMOND & MAYFIELD TOBACCO COMPANY

Certificate of Status	1
Certified Copy	0
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ARTICLES OF INCORPORATION OF

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE ONE

NAME

The name of the corporation shall be:
Richmond & Mayfield Tobacco Company

ARTICLE TWO-

PRINCIPAL OFFICE

The principle place of business and mailing address of this Corporation shall be:

17021 N. Bay Road # 526 Miami, FL 33160

SIEGELAUB, LIEBERMAN & ASSOCIATES, P.A. 2801 N. University Drive suite 301 CORAL SPRINGS, FL 33065 (954)753-2222 H040001900293

ARTICLE THREE CAPITAL STOCK

The number of shares of stock that this Corporation is authorized to have outstanding at one time is one thousand shares of common stock with a par value of one dollar.

ARTICLE FOUR

INITIAL REGISTERED AGENT & ADDRESS

The name and address of the initial registered agent is:

Eitan Shmueli

17021 N. Bay Road # 526

Miami, Fl 33160

ARTICLE FIVE

INCORPORATOR

The name and address of the Incorporator is:
Eitan Shmueli
17021 N. Bay Road # 526
Miami, FL 33160

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The undersigned has executed these Articles of Incorporation. This 22^{nd} day of September.

Signature:

Date:

Pursuant to the provisions of section 607.0501 Florida Statutes, the Undersigned Corporation, under the Laws of the State of Florida submits to the following statement designating the registered agent in the State of Florida.

CERTIFICATE OF DESIGNATED REGISTERED AGENT

- 1. The name of the corporation is:
 Richmond & Mayfield Tobacco Company
- 2. The name and address of the registered agent

Ritan Shmueli

17021 N. Bay Road # 526

Miami, Fl 33160

Signature:

Date:

9-22-04

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Having been named as the Registered Agent and to accept service of process for the above stated corporation at the place designated in this Certificate, I accept the appointment as Registered Agent and agree to comply with the provisions of all the statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

Cianature:

Date: 9/2

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SECRETARY OF STATE
TALLAHASSEE, FLORID