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CORPORATION NAME(S) & I	DOCUMENT NUMBER(S) (if known):	
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(Corporation Name)	(Document #)	
2. (Corporation Name)	(Document #)	
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Profit	Amendment P.A. Officer/Dispates	
NonProfit	Resignation of R.A., Officer/Director  Change of Registered Agent	
. Limited Liability  Domestication	Dissolution/Withdrawal	
Other	Merger	
OTHER FILINGS	REGISTRATION/	
Annual Report	QUALIFICATION	
Fictitious Name	Foreign	
Name Reservation	Limited Partnership	
	Reinstatement	
	Trademark	
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Examiner's Initials

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# ARTICLES OF CORPORATION

04 OCT -5 PM 12: 11

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:

HAVANA CLASSIC CIGAR, INC.

# ARTICLE II - PRINCIPAL OFFICE

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

1720 WEST FLAGLER ST MIAMI FL 33135

# **ARTICLE III - SHARES**

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

500

ARTICLES IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

MARIA A. BEOVIDES
1720 WEST FLAGLER ST MIAMI FL 33135

# ARTICLE V - INCORPORATOR

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

MARIA A. BEOVIDES 1720 WEST FLAGLER ST MIAMI FL 33135

The undersigned incorporator has executed these Article of Incorporation this <u>04</u> day of OCTOBER, <u>2004</u>.

Signature

# ARTICLE VI - DIRECTOR(S)

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

1.- MARIA A. BEOVIDES, DIRECTOR, PRESIDENT 100 % 1720 WEST FLAGLER ST MIAMI FL 33135

### CERTIFICATE 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.

Registered Agent Signature.

TALLAHASSEE FLORIDA