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(Requestor's Name)			
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PICK-UP	WAIT	MAIL	
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(Busin	ess Entity Name)		
(Degree	nent Number)		
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Certified Copies Certificates of Status			
Special Instructions to Fili	na Officer:		
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SECRETARY OF STATE

T. Burch MAR 2 3 2007.

COVER LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT:	Manny's Cigars Inc.		
	(PROPOSED CORPORA)	TE NAME – <u>MUST INCL</u>	UDE SUITEX)
Enclosed are an orig	rinal and one (1) copy of the artic	eles of incorporation and	i a check for:
S70.00 Filing Fee	S78.75 Filing Fee & Certificate of Status	7 \$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL CO	FI REQUIRED
FROM:	Pete Kavekos		
	Name ((Printed or typed)	
	5408 White Sands		
	,A	Address	
	Lake Worth, FL 33	467	
	City,	State & Zip	
	561-385-0777	•	
,	Daytime To	elephone number	

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)

ARTICLE I NAME

The name of the corporation shall be:

Manny's Cigars, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

5408 White Sands Cove Lake Worth, FL 33467

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To start a business.

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Pete Kavekos - Pres. 5408 White Sands Cove Lake Worth, FL 33467

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Pete Kavekos - Pres. 5408 White Sands Cove Lake Worth, FL 33467

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Pete Kavekos - Pres. 5408 White Sands Cove Lake Worth, FL 33467

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Signature/Registered Agent Date

Signature/Incorporator Date

SECRETARY OF STATE SECRETARY OF STATE