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☐ PICK-UP

☐ WAIT

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(Business Entity Name)

(Document Number)

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Special Instructions to Filing Officer:

W07-21606

Office Use Only

5/29



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05/03/07--01044--009 **87.50

FILED
07 MAY 29 PM 1:30
CLERK OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Smokes Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☒ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Robert L. Clifton
Name (Printed or typed)

110 N.W. 9TH Terrace
Address

Cape Coral FL 33993
City, State & Zip

239 823 6948
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 4, 2007

ROBERT L CLIFTON
110 N.W. 9TH TERRACE
CAPE CORAL, FL 33993

SUBJECT: SMOKES INC.
Ref. Number: W07000021606

We have received your document for SMOKES INC.. However, the document has not been filed and is being returned for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is P98000032294 - SMOKE, CORP..

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6934.

Loria Poole
Document Specialist
New Filing Section

Letter Number: 507A00031450

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:

Cigar Smokers Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

814 Pine Island Road S.W.
Suite 309
Cape Coral FL, 33991

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Retail of cigars and cigarettes

ARTICLE IV SHARES

The number of shares of stock is:

2

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Robert L. Clifton President.
110 N.W. 9TH Terrace
Cape Coral FL 33993

Rob Disharoon
1780 Lakeview Blvd.
North Fort Myers FL, Vice President
33903

ARTICLE VI REGISTERED AGENT

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

Robert L. Clifton
110 NW 9TH Terrace
Cape Coral FL 33993

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Robert Clifton
110 N.W. 9TH Terrace
Cape Coral FL 33993

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

Signature/Incorporator

Date

Date

FILED
07 MAY 29 PM 1:30
CLERK OF STATE
TALLAHASSEE, FLORIDA