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# **COVER LETTER**

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

SUBJECT:	CIGAR (	CELLAR 1	nc.	
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an orig	inal and one (1) copy of the arti	cles of incorporation and	a check for:	
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED	
FROM:	S784 Homes	Address	3449	
561-702-0066  Daytime Telephone 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:

CIGAR CELLAR

# PRINCIPAL OFFICE

The principal place of business/mailing address is:

5784 HOMELAND RI LAKE WORTH, FL 354

### ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is:

SELYNG CILARS

### 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):

President Viva Pirs Pers.

TIMOTHY QUINN 5784 HOMEUND R.D. CKEE WOZTH, FL 33469

AKTICDE VI KEGIGTEKED AGENT	
The <u>name and Florida street address</u> (P.O. Box NO	Timothy Quinn 5184 Homens
ARTICLE VII INCORPORATOR The name and address of the Incorporator is:	TIMOTHY OWING STATE 3344  TIMOTHY OWING STATE 3344  STAY HOMEURD PL)  ***********************************
**********	STON HOMELAD PID  LAKZ WORTH FL 38449
Having been named as registered agent to accept service of procertificate, I am familiar with and accept the appointment as reg	ocess for the above stated corporation at the place designated in this
Signature/Registered Agent	1/24/08 Date
Signature/Incorporator	Date Date
TIMOTHY Quinn	-

OB JULED DESCRIPTION 8 31