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SECRETARY OF STATE TALLAHASSEE, FLORIDA

Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corpc: ation Name) (Document #) (Corpo ation Name) (Document #) (Corpc ation Name) (Document #) Pick up time Certified Copy Walk in 2,00 Mail out → Will wait Photocopy Certificate of Status **NEW FILINGS AMENDMENTS** Profit Amendment Not for Profit Resignation of R.A., Officer/Director Limited Liabili y Change of Registered Agent Domestication Dissolution/Withdrawal Other Merger **OTHER FILINGS** REGISTRATION/QUALIFICATION Annual Report Foreign Fictitious Name Limited Partnership Reinstatement Trademark Other Examiner's Initials CR2E031(7/97)

ARTICLES OF INCORPORATION

FILED 08 JUN -4 AM 9:21

THE UNDERSIGNED INCORPORATOR(S), FOR THE PURPOSE DELAHASSEE, FLORIDA 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:

ORIGINS CIGARS INC

ARTICLE II - PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS AND MAILING OF THIS CORPORATION SHALL BE:

13836 SW 257 TENKACE HOMESTEAD FC 33032

ARTICLE III - SHARES

THE NUMBER OF SHARES OF STOCK THAT THIS CORPORATION IS AUTHORIZED TO HAVE OUTSTANDING AT ANY ONE TIME IS:

100

ARTICLE IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

THE NAME AND ADDRESS OF THE INITIAL REGISTERED AGENT IS

KAREL MARTINEZ. 13836 SW 257 TEXNACE HOMESTERD PC 3303Z

ARTICLE V - INCORPORATOR

THE NAME AND STREET ADDRESS OF THE INCORPORATOR TO THESE ARTICLES OF INCORPORATION IS:

HAKEL MARTINEZ 13836 SW 257 TEXXACE HOMESTEAD FC 33032

THE UNDERSIGNED INCORPORATOR HAS EXECUTED THESE ARTICLES

3 OF INCORPORATION THIS DAY OF JUNE, 200 B

SIGNATURE

ARTICLE VI - DIRECTOR(S)

THE NAME(S) AND STREET ADDRESS (ES) OF THE DIRECTOR(S) TO THESE ARTICLES OF INCORPORATION IS (ARE):

KAREL MARTINEZ - (PRESIDENT)

CERTIFICATE OF 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