

P09000010458

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

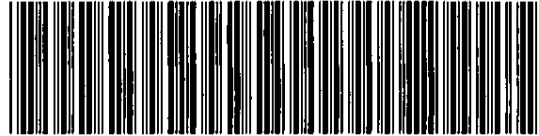
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2/3

COVER LETTER

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

SUBJECT: PUFF & PLAY Cigar Lounge
(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 Leiva

Name (Printed or typed)

9654 SW 148 Court

Address

Miami, Florida 33196

City, State & Zip

786-357-1432

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:

PUFF & PLAY Cigar Lounge Inc.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

9654 SW 148 Court
Miami, FL. 33196

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any AND ALL Lawful Business

ARTICLE IV SHARES

The number of shares of stock is:

10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Title: P
Javier R. Sanchez
9191 Fountainbleu Blvd, Unit 6
Miami, FL. 33172 US
Title: VP
Robert LEIVA
9654 SW 148 Court
Miami, FL. 33172 US

ARTICLE VI REGISTERED AGENT

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

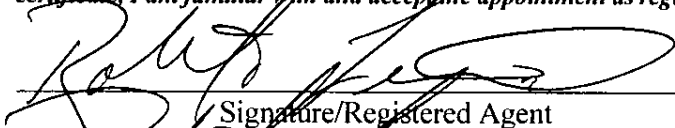
Robert LEIVA
9654 SW 148 Court
Miami, FL. 33196 US

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Robert LEIVA
9654 SW 148 Court
Miami, FL. 33196

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

1/30/09

Date



Signature/Incorporator

1/30/09

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA