

Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

RECEIVED AUG 2 5 2009

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 12000000019

: (305)552-5973

Fax Number

: (305)220-1440

FLORIDA PROFIT/NON PROFIT CORPORATION

CIGAR PRIDE, INC.

Certifie Page C	cate of Status ed Copy ount ted Charge Corporate Filing N	0 1 03 \$78.75	TALLAHASSEE; FLORIDA Help	2009 AUG 25 PM 1: 00	
	120			3/25/2 009	3:48 PM

FROM : LAZARUS

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ARTICLES OF INCORPORATION

THE UNDERSIGNED INCORPORATOR(S), FOR THE PURPOSE OF FORMING A CORPORATION UNDER THE FLORIDA BUSINESS CORPORATION ACT, HEREBY ADOPT(S) THE FOLLOWING ARTICLES OF INCORPORATION.

2009 AUG 25 PM 1: 00
SECRETARY OF STATE
TALLAHASSEE, FLORID

ARTICLE I - NAME

THE NAME OF THE CORPORATION SHALL BE:

Cigar Pride, Inc.

ARTICLE II - PRINCIPAL OFFICE

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

14055 SW 142nd Ave, Kendall unit#2. Florida, 33186

ARTICLE III - SHARES

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

1000 shares.

ARTICLE IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

THE NAME AND ADDRESS OF THE INITIAL REGISTERED AGENT IS

Maria A. Nin 14055 Sw 142 nd Ave, Unit # 2 Kendall, Florida 33186

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ARTICLE V - INCORPORATOR

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

Maria A. NIN 14055 Sw 142nd Ave, unit#2 Kendall, Florida 33186

THE UNDERSIGNED INCORPORATOR HAS EXECUTED THESE ARTICLES OF INCORPORATION THIS

24 DAY OF AUGUST 2009

x Jane and fine signature

ARTICLE VI - DIRECTOR(S)

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

Maria A. Nrn 14085 Sw 142nd Ave, Unit-#2 Kendall, Florida 33186

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

325 PH 1:00
TARY OF STATE