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**Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305)634-3694
Fax Number : (305)633-9696

****Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.**

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
GULFSTREAM CIGARS INC**

Certificate of Status	0
Certified Copy	1
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Estimated Charge	\$78.75

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Corporate Filing Menu

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J. Shivers FEB 11 2010

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

②

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

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

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ARTICLE IV SHARES

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

OMAR LIMON - VICE PRESIDENT
501 SOUTH FEDERAL HWY RMU 2
HALLANDALE BEACH, FL 33009

ARTICLE VI REGISTERED AGENT

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

MICHAEL A BABIARZ
501 SOUTH FEDERAL HWY RMU 2
HALLANDALE BEACH, FL 33009

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

MICHAEL A BABIARZ - PRESIDENT
501 SOUTH FEDERAL HWY RMU 2
HALLANDALE BEACH, FL 33009

SECRETARY OF STATE,
TALLAHASSEE, FLORIDA.

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[illegible]

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.

x
Signature of Registered Agent

2/8/10

Date _____

X WJ
Signature/Incorporator

2/8/10

Date: _____

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