

P110000013658

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

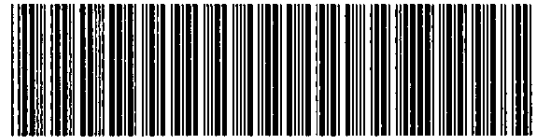
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SEC. OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: CIGAR CITY CLOTHING CO.
(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: ALDO OJEDA, ESQUIRE
Name (Printed or typed)
3705 N.HIMES AVENUE
Address
TAMPA, FLORIDA 33607
City, State & Zip
813-877-9500
Daytime Telephone number
ALDOLAW4502@AOL.COM
E-mail address: (to be used for future annual report notification)

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 CITY CLOTHING, CO.**

ARTICLE II PRINCIPAL OFFICE

Principal street address
4502 CARROLLWOOD VILLAGE DRIVE
TAMPA, FLORIDA 33618

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
to engage in any activity or business incidental to or related to the business.

ARTICLE IV SHARES

The number of shares of stock is: 1000 shares of capital stock of the par value of one dollar (\$1.00)
per share which shall be designated "common shares" and of which shall have the same rights and privileges.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Andrew A. Ojeda-P/VP/S
Address: 4502 Carrollwood Village Drive
Tampa, florida 33618

Name and Title: _____
Address: _____

Name and Title: Maria A. Ojeda-T
Address: 4502 Carrollwood Drive
Tampa, Florida 33618

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Aldo Ojeda
Address: 3705 N. Himes Ave
Tampa, Florida 33607

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Andrew A. Ojeda
Address: 4502 Carrollwood Drive
Tampa, Florida 33618

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

Aldo Ojeda
Required Signature/Registered Agent

2/3/11
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Andrew A. Ojeda
Required Signature/Incorporator

2/3/11
Date