

P11000013658

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

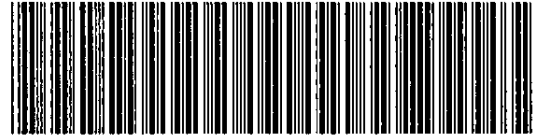
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700193325957

02/08/11--01036--005 **87.50

FILED

2011 FEB -8 PM 4: 41

SECRETARY OF STATE
FILING OFFICE
TALLAHASSEE, FLORIDA

T Burch FEB 9 2011

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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$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 CIGAR CITY CLOTHING, CO.
The name of the corporation shall be:

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.

FILED
2011 FEB - 8 PM 4: 4
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: <u>Andrew A. Ojeda-P/VP/S</u>	Name and Title: _____
Address: <u>4502 Carrollwood Village Drive</u>	Address: _____
<u>Tampa, florida 33618</u>	_____
_____	_____
Name and Title: <u>Maria A. Ojeda-T</u>	Name and Title: _____
Address: <u>4502 Carrollwood Drive</u>	Address: _____
<u>Tampa, Florida 33618</u>	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	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 _____ 2/3/11
Required Signature/Registered Agent 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 _____ 2/3/11
Required Signature/Incorporator Date