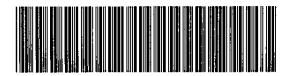
P1100103323

(Requestor's Name)					
(Address)					
(Address)					
(Cit	ty/State/Zip/Phone	; #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
:					





000214361910

11/18/11--01016--025 **78.75

EFFECTIVE DATE 1-1-12



15/1/ WH = 58843

COVER LETTER

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

SUBJECT: FAT HEAD CIGARS	INC. TE NAME – <u>MUST INCLUDE SUFFIX</u>)
(PROPOSED CORPORAT	TE NAME – <u>MUST INCLUDE SUFFIX</u>)
Enclosed are an original and one (1) copy of the artic	eles of incorporation and a check for:
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy & Certificate of Status
	ADDITIONAL COPY REQUIRED
FROM: Robert Lev Clift	(Printed or typed)
1909 EVA 1	ddress
North Fort Myers City, S	FL 33917 State & Zip
239 850 Daytime Te	lephone number
Heydort Kno E-mail address: (to be used	52@ aol.com for future annual report notification)

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 21, 2011

ROBERT LEE CLIFTON III 1909 EVALENA LANE NORTH FORT MYERS, FL 33917

SUBJECT: FAT HEAD CIGARS INC.

Ref. Number: W11000058843

We have received your document for FAT HEAD CIGARS INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6901.

Pamela Smith Regulatory Specialist II

www.sunbiz.org

Letter Number: 811A00026295

I Robert Cliffun Jr. has No Intention on Reinstating FAT Head Cigar Company.

Thankyou.

Rober L. Cliffon

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

The name of the corp	VAME Poration shall be: FAt Head	CIGARS INC.,	/ Effective	DATE JANUARY 1
	PRINCIPAL OFFICE	,	· ·	
<u></u>	Principal <u>street</u> address 1909 FUNION BOUTH FOR NYUS FC.		Mailing address	s, if different is:
ARTICLE III P	URPOSE			.
The purpose for whi	ch the corporation is organized is:	Kotail, Cisactia	, Cigan.	
The number of shares				
	NITIAL OFFICERS AND/OR I :: President Robert Le 1909 EUAleun Bri NOETH FORT Myels	e Cliffy Wame and The Lave Address:		
Name and Title Address:	»:	Address:		
Name and Title Address:	S:		Title:	
ARTICLE VI R	EGISTERED AGENT		· · · · · · · · · · · · · · · · · · ·	DIVIS 11 D
	la street address (P.O. Box NOT a	cceptable) of the registered	agent is:	B SEC
Name: Address:	Robert Lee Cliffun 1909 EUAlena D WORTH Fort Myon	TIT Lave F/ 339/7		FILE RETARY OF COR
ARTICLE VII II	NCORPORATOR			PH :
The <u>name and addre</u>	ss of the Incorporator is:			?; A S S S S S S S S S S S S S S S S S S S
Name: Address:	Robert Lee Cliftin 1909 Eurleun Be North Fult Myen	THE LIMITE STATE OF THE STATE O		2 - 0
Having been named this certificate, I am f	as registered agent to accept service amiliar with and accept the appoint	ce of process for the above tment as registered agent a	e stated corporation and agree to act in th	at the place designated in his capacity
1 Adult	Mont		1 -	11 /14 /11
	Required Signature/Registered	Agent/Incorpor	ato/ -	Date
	ent and affirm that the facts stated artment of State constitutes a third a	herein are true. I am an	vare that the false i	
· · · · · · · · · · · · · · · · · · ·	Required Signature/Incorpo	prator		Date