

P/5000044/23

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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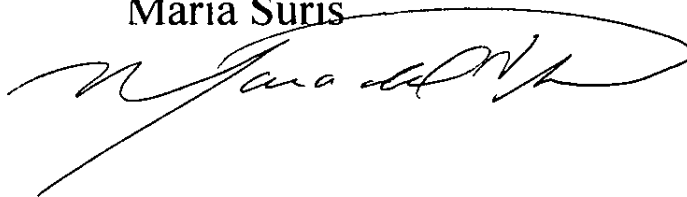
To: Department of State
New filling selection
Division of corporation

5-08-2015

I have no intension of revoking the dissolution
#P10000081876. I will like to open a new corporation using the
same name: Carogabiza Cigars Inc.

Thank you,

Maria Suris

A handwritten signature in black ink, appearing to read 'Maria Suris', with a large, sweeping flourish at the end.

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COVER LETTER

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

SUBJECT: Carogabiza Cigars Inc.

(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: Carogabiza Cigars Inc.

Name (Printed or typed)

10478 Northcliffe Blvd.

Address

Spring Hill Fl. 34608

City, State & Zip

(352) 835-7102

Daytime Telephone number

Msuris84@yahoo.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: Carogabiza Cigars Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

10478 Northcliffe Blvd.

Spring Hill Fl. 34608

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and lawful buisness.

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ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Julio R. Suris (President)

Name and Title: Maria D. Suris (Vice President)

Address 10478 Northcliffe Blvd.

Address: 10478 Northcliffe Blvd.

Spring Hill Fl. 34608

Spring Hill Fl. 34608

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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: Maria D. Suris _____

Address: 10478 Northcliffe Blvd. _____

Spring Hill Fl. 34608 _____

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Maria D. Suris _____

Address: 10478 Northcliffe Blvd. _____

Spring Hill Fl, 34608 _____

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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



Required Signature/Registered Agent

5-8-2015

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.



Required Signature/Incorporator

5-8-2015

Date

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