Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000252305 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6381

From:

: LAZARUS CORPORATE FILING SERVICE, INC. Account Name

Account Number : I20000000019 Phone

: (305)552-5973

Fax Number

: (305)675-5944

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

Email	Address:
-------	----------

FLORIDA PROFIT/NON PROFIT CORPORATION CIGARS AT SUNSET INC.

Certificate of Status	0.
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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

H15000252305

ARTICLE 1 NAME: The name of the corporation is:	
CigARS AT SUNSET INC.	
ARTICLE II PRINCIPAL OFFICE:	
The principal street address and mailing address is:	
SOUTH MIAMI, FI 33143	
SOUTH miAmi, F1 33/43	
ARTICLE III SHARES: The number of shares of stock is: 100	
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:	
ALEX VICTOR HECCADA (P)	
Alex Victor Herrada (P) Benjamin Gomez JR(V) Luis M SAncheZ(VP	>)
BENSHAM GOINEZ ORCO	\ \
ZUIS MI SAMEZ (VY)
Ao	
ECAZ CAN	
ATIASS	1 1
ADTICLE V INTUAL REGISTERED AGENT AND STREET ADDRESS:	
The name and Florida street address (PO Box not acceptable) of the registered agent is:	,
Alex Victor Herrada	
5910 5 Dixie HWY	
South Dixie Miami , FL 33143	
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:	
Alex Victor Herrada	
5910 5 Dixie HWY	
South Dixie Miami, FL 33143	

H15000252305

Required Signatures:

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

Registered Agent

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.

Incorporator

0-21-15

Date