# P1600061197

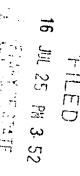
(Re	equestor's Name)	1
(Ad	ldress)	
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(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL .
(Bu	siness Entity Na	me)
(Do	cument Number	)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

# HUMIDOR STORE, INC. Art of Inc. File\_\_\_\_\_ LTD Partnership File\_\_\_\_\_ Foreign Corp. File\_\_\_\_\_ L.C. File\_\_\_\_\_ Fictitious Name File\_\_\_\_ Trade/Service Mark\_\_\_\_\_ Merger File\_\_\_\_\_ Art, of Amend, File LLC RA Resignation\_\_\_\_\_ Dissolution / Withdrawal\_\_\_\_\_ Annual Report / Reinstatement\_\_\_\_ Cert. Copy\_\_\_\_\_ Photo Copy\_\_\_\_\_ Certificate of Good Standing Certificate of Status\_\_\_\_\_ Certificate of Fictitious Name\_\_\_\_\_ Corp Record Search\_\_\_\_\_ Officer Search Fictitious Search\_\_\_\_ Fictitious Owner Search\_\_\_\_\_ Signature Vehicle Search\_\_\_\_\_ Driving Record\_\_\_\_ Requested by: BA UCC 1 or 3 File\_\_\_\_\_ 07/25/16 UCC 11 Search\_\_\_\_\_ Name Date Time UCC 11 Retrieval\_\_\_\_ Walk-In Will Pick Up Courier\_

FILED

16 JUL 25 PM 3.52

### **COVER LETTER**

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

Humidor Store, Inc.

SUBJECT:	(PROPOSED CORPORAT	E NAME – <u>MUST INCLUDE</u>	SUFFIX)		•
Enclosed are an or	riginal and one (1) copy of the artic	eles of incorporation and a c	heck for:	_	
\$70.00 Filing Fee		Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status		
	L	ADDITIONAL COPY	REQUIRED	J	
FROM: _	Mark A. Blanton	Printed or typed)			
	4705 North Manhatt	an Avenue			
	Tampa, Florida 3361	ldress		16	
<del>-</del>	* *	tate & Zip	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ين	Ť
	813-690-3585			25	m
	•	ephone number	77.52	3	Ö
	mark.blanton@Humi			<b>3</b> : 52	
	E-mail address: (to be used f	or future annual report notific	cation)	$\sim$	

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 corpora		Humidor	Store, Inc	c.		16	JUL	25	PH 3 —	3-52
ARTICLE II PRINC	IPAL OFFICE Principal <u>stree</u>				, Mailing addres	ss, if d	ifferen	it is:	FON FLO	ATE PRA
4705 North M	lanhattan A	venue								
Tampa, Floric	la 33614									_
ARTICLE III PURPO The purpose for which the corporation and	ne corporation i			corporation is l business.	formed a	s a f	or-pi	rofit		
								<u></u> -		
					<u> </u>		<del></del> .			
			- <del></del>		<del>_</del>					
	LOFFICERS		•	Name and Title:	Mark A.	Blant	ton, I	Direc	tor	<del></del>
The number of shares of sh	LOFFICERS	4ND/OR DIRE lanton, Pres	•	_ Name and Title:	Mark A. 2				tor	_
The number of shares of s	L OFFICERS	4ND/OR DIRI lanton, Pres	•	_ Name and Title: _ Address:		hirley	, Roa	d	tor	
The number of shares of sh	Mark A. B. Lutz, Florid	4ND/OR DIRI lanton, Pres	sident		16734 WI	hirley rida 3	y Roa	d		 
The number of shares of sh	Mark A. B. Lutz, Florid	AND/OR DIRE lanton, Pres rley Road da 33558	sident	_ Address:	16734 WI	nirley	y Roa	d		
The number of shares of sh	Mark A. B  Lutz, Florid  Mark A. B	AND/OR DIRI lanton, Pres rley Road da 33558 lanton, Secr irley Road	sident	_ Address: 	16734 WI	nirley	y Roa	d		
The number of shares of sh	Mark A. B 16734 Whi Lutz, Florid Mark A. B 16734 Whi Lutz, Florid	AND/OR DIRI lanton, Pres rley Road da 33558 lanton, Secr irley Road	retary	_ Address: _ Name and Title: _ Address:	16734 WI	nirley	y Roa	d		
The number of shares of sh	Mark A. B 16734 Whi Lutz, Florid Mark A. B 16734 Whi Lutz, Florid	lanton, Pres rley Road da 33558 lanton, Secr irley Road	retary	_ Address: _ Name and Title: _ Address:	16734 WI	nirley	y Roa 33558	d		- -
The number of shares of sh	Mark A. B 16734 Whi Lutz, Florid Mark A. B 16734 Whi Lutz, Florid	lanton, President Road da 33558 lanton, Secritley Road da 33558	retary	_ Address: _ Name and Title: _ Address:	16734 WI	hirley	y Roa 33558	d		- -

Name a	nd Title:	Name and Title:	
Addres	s	Address:	·
	REGISTERED AGENT lorida street address (P.O. Box NOT acceptable)	of the registered spent is:	
Name:	Mark A. Blanton	or the region to about it.	
Address:	4705 North Manhattan Avenue		
	Tampa, Florida 33614		<u>.</u>
ARTICLE VII	<u>INCORPORATOR</u>	25 T	] = 7
The name and ac	idress of the incorporator is:		7
Name:	Mark A. Blanton	ქე დ. 	
Address:	4705 North Manhattan Avenue	<del>-</del> 57	
	Tampa, Florida 33614	~	
Effective date, if (If an effective d days after the fil	ing.)	ot be more than five business days prior or 90 busine	
	inserted in this block does not meet the applicabl fective date on the Department of State's records	e statutory filing requirements, this date will not be listed	d as
Having been nam this certificate, I a	ned as registered agent to accept service of proce on familiar with and accept the appointment as re	ss for the above stated corporation at the place designat egistered agent and agree to act in this capacity	ed in
n	al A. Blutz	07/21/2016	
	Required Signature/Registered Agent	Date	_
	ument and affirm that the facts stated herein are Department of State constitutes a third degree felo	e true. I am aware that the false information submitted my as provided for in s.817.155, F.S.	in a
Ta	CA. Blild	07/21/2016	;
Requir	ed Signature/Incorporator	Dote	