

P18000079763

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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1000 Ponce de Leon Blvd. Suite: 105  
Coral Gables, FL 33134  
Phone: 305-444-4994  
Email: filing@ecfsfiling.com

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBERS(S):

1. Diaz Tobacco Company  
(CORPORATE NAME) (DOCUMENT #)

2. \_\_\_\_\_  
(CORPORATE NAME) (DOCUMENT #)

3. \_\_\_\_\_  
(CORPORATE NAME) (DOCUMENT #)

☐ Walk-In ☒ Pick up time: \_\_\_\_\_ ☒ Certified Copy ☐ Certificate Of Status

| New Filings                         |                   |
|-------------------------------------|-------------------|
| <input checked="" type="checkbox"/> | Profit            |
| <input type="checkbox"/>            | Non-Profit        |
| <input type="checkbox"/>            | Limited Liability |
| <input type="checkbox"/>            | Other:            |

| Amendments               |                        |
|--------------------------|------------------------|
| <input type="checkbox"/> | Amendments             |
| <input type="checkbox"/> | Resignation            |
| <input type="checkbox"/> | Dissolution/Withdrawal |
| <input type="checkbox"/> | Other:                 |

| Other Filings            |                 |
|--------------------------|-----------------|
| <input type="checkbox"/> | Annual Report   |
| <input type="checkbox"/> | Fictitious Name |
| <input type="checkbox"/> | Apostille:      |
| <input type="checkbox"/> | Other:          |

Examiners Initials

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**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: DIAZ TOBACCO COMPANY

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

16338 SHADOW CT

MIAMI LAKES, FL 33014

Mailing address, if different is:

SAME

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: HENRIQUE D. DIAZ (P/S/D)

Name and Title: \_\_\_\_\_

Address 16338 SHADOW CT

Address: \_\_\_\_\_

MIAMI LAKES, FL 33014

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

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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: HENRIQUE D. DIAZ

Address: 16338 SHADOW CT

MIAMI LAKES, FL 33014

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**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: HENRIQUE D. DIAZ

Address: 16338 SHADOW CT

MIAMI LAKES, FL 33014

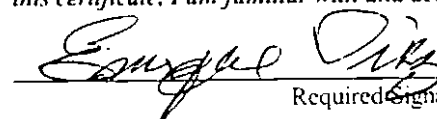
**ARTICLE VIII EFFECTIVE DATE:**

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 days prior or 90 days after the filing.)

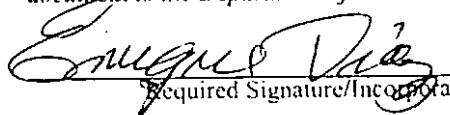
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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

09/20/2018  
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

09/20/2018  
Date