

**P19000080461**

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H190003174033ABC

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To: Division of Corporations  
Fax Number : (850) 617-6381

From: Account Name : PEDRO LUZQUINOS  
Account Number : T20170000042  
Phone : (954) 655-8413  
Fax Number : (954) 432-8807

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

Email Address: PLUZQUINOS F@HOTMAIL.COM

**FLORIDA PROFIT/NON PROFIT CORPORATION**  
**SOBE HOOKAHOLICS INC**

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19 OCT 28 PM 3:10  
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TALLAHASSEE FLORIDA

## COVER LETTER

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

**SUBJECT:** SOBE HOOKAHOLICS INC  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

<input checked="" type="checkbox"/> \$70.00	<input type="checkbox"/> \$78.75
Filing Fee	Filing Fee
	& Certificate of Status

☐ \$78.75 Filing Fee  
& Certified Copy

☐ \$87.50 Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

FROM: ALEXANDER CASTRO  
Name (Printed or typed)  
934 MICHIGAN AVE, SUITE 203  
Address  
MIAMI BEACH, FL 33139  
City, State & Zip  
(213) 840-7141  
Daytime Telephone number  
PLUZQUINOSF@HOTMAIL.COM  
E-mail address: (to be used for future annual report notification)

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

H190003174033

**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: SOBE HOOKAHOLICS INC**ARTICLE II PRINCIPAL OFFICE**Principal ~~street~~ address  
934 MICHIGAN AVE, SUITE 203MIAMI BEACH, FL 33139

Mailing address, if different is:

934 MICHIGAN AVE, SUITE 203MIAMI BEACH, FL 33139**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 SHARES**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: ALEXANDER CASTRO (P)

Address

934 MICHIGAN AVE, SUITE 203MIAMI BEACH, FL 33139

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

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

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

Address

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

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

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

Address

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

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: ALEXANDER CASTRO  
Address: 934 MICHIGAN AVE, SUITE 203  
MIAMI BEACH, FL 33139

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: ALEXANDER CASTRO  
Address: 934 MICHIGAN AVE, SUITE 203  
MIAMI BEACH, FL 33139

**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.

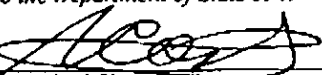
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
Required Signature/Registered Agent

10/26/2019

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

10/26/2019

Date

H190003174033