

P2200000 6470

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

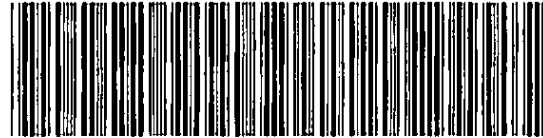
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

T. SCOTT

FEB 01 2022



500379571445

01/20/22--01024--001 ++78.75

22 JAN 20 PM 12:43  
RECEIVED

c

## COVER LETTER

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

**SUBJECT:** STIXX 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      ☒ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                                    & Certificate of  
                                    Status

**ADDITIONAL COPY REQUIRED**

**FROM:** Johnny Mansour

Name (Printed or typed)

1950 NW 20th Ave.

Address

Miami, FL 33125

City, State & Zip

818-744-4117

Daytime Telephone number

jm1@att.net

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: STIXX CIGARS INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

1950 NW 20th Ave.

Miami, FI 33125

Mailing address, if different is:

1950 NW 20th Ave.

Miami, FI 33125

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Importation and wholesale of Cigars and Tobacco Products

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

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

Name and Title: Johnny Y. Mansour (Officer/Director)

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

Address 1950 NW 20th Ave.

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

Miami, FI 33125

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

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

22 JAN 20 PM 12:43  
A1

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: Johnny Y. Mansour

Address: 1950 NW 20th Ave.

Miami, FI 33125

**ARTICLE VII INCORPORATOR**

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

Name: Johnny Y. Mansour

Address: 1950 NW 20th Ave.

Miami, FI 33125

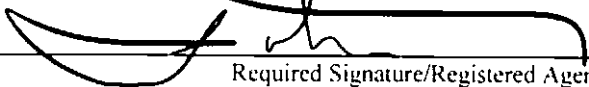
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: N/A (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

01/12/22  
\_\_\_\_\_  
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

01/12/22  
\_\_\_\_\_  
Date