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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019

Phone : (305)552-5973 Fax Number

: (305)675-5944

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Email Address:\_

## FLORIDA PROFIT/NON PROFIT CORPORATION **DIOGRE CIGARS INC**

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

Electronic Filing Menu

Corporate Filing Menu

Help

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## ARTICLES OF INCORPORATION In compliance with Chapter 607 (Profit)

**ARTICLE I** NAME: The name of the corporation is:

ARTICLE II PRINCIPAL OFFICE:	
The principal street address and mailing address	s is:
6435 SW 102 ST MIAMI ,FL 33156	- 10.
	<del></del>
ARTICLE III SHARES: The number of shares of stock is: 1	00
	-
ARTICLE IV INITIAL DIRECTORS AND/OR O	FFICERS:
GREGORY VAZQUEZ (PRESIDENT )	
	19.5
ARTICLE V INITIAL REGISTERED AGENT AND STR	EET AMMESS.
The name and Florida street address (PO Box not acceptable) of the	e registered agent is
	2
GREG <u>ORY VAZQUEZ</u>	
6435 SW 102 ST MIAMI_FL 33156	the Incomporator is:
GREGORY VAZQUEZ  6435 SW 102 ST MIAMI_FL 33156  ARTICLE VI INCORPORATOR: The name and address of REGORY VAZQUEZ	the Incorporator is:

## 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

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 felopy as provided for in s.817.155, F.S.

Incorporator

Date

M 2:1.