

**P23000024893**

Florida Department of State  
Division of Corporations  
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## To:

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

## From:

Account Name : ARIMIR SERVICES GROUP LLC  
Account Number : I20200000022  
Phone : (305)298-6579  
Fax Number : (305)643-5225

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

Email Address: Arimir Services@gmail.com

**FLORIDA PROFIT/NON PROFIT CORPORATION**  
**JACOB CIGARS INC**

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

FILED  
23 APR -3 PM 12:35  
TALLAHASSEE, FL 32309

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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: JACOB CIGARS INC

ARTICLE II PRINCIPAL OFFICEPrincipal street address  
2391 CORAL WAY  
MIAMI, FL 33145

Mailing address, if different is:

ARTICLE III PURPOSEThe purpose for which the corporation is organized is: ANY AND ALL LAWFULLARTICLE IV SHARESThe number of shares of stock is: 100ARTICLE V INITIAL OFFICERS AND/OR DIRECTORSName and Title: Lotfi Kalboussi President

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

Address 2391 Coral Way  
Miami, FL 33145

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

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

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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STATE OF FLORIDA  
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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: \_\_\_\_\_ Lotfi Kalboussi  
Address: \_\_\_\_\_ 2391 Coral Way  
\_\_\_\_\_ Miami, FL 33145  
\_\_\_\_\_

**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:

Name: \_\_\_\_\_ Lotfi Kalboussi  
Address: \_\_\_\_\_ 2391 Coral Way  
\_\_\_\_\_ Miami, FL 33145  
\_\_\_\_\_

**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

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

Date

2 APR - 2023  
04-03-2023  
Date

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