(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone	e #)
	·
PICK-UP WAIT	MAIL
(Business Entity Nan	ne)
(Document Number)	
Certified Copies Certificates	of Status
Octanica Copies	Of Otatos
Special Instructions to Filing Officer:	
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COVER LETTER

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

SUBJECT: ANTA	RES CIGARS INC	TE NAME - MUST INCL	UDE SUFFIX)
	(PROPOSED CORFORM	TE MANU MOST MOST	,
Enclosed are an ori	ginal and one (1) copy of the art	icles of incorporation and	l a check for:
□ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	S87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
FROM: _	LUIS EUGENIO DAVILA	e (Printed or typed)	
_	1500 NW 89TH COURT SUITE	Address	
	DORAL, FL 33172		
	City	, State & Zip	
_	305 603 8310	Telephone number	
	INFO@MIS-TAXES.COM E-mail address: (to be use		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)

The name of the corporati	on shall be: ANTARES CIGARS IN	<u> </u>			
ARTICLE II PRINCE	CLEH DRINCIPAL OFFICE		Mailing address, if different is: 9601 SW 142nd AVE		
Apt 414		Apt 414			
Miami, FL 33186		Miami, F	FL 33186		
ARTICLE III PURPO The purpose for which the	<u>SE</u> e corporation is organized is: <u>Online</u>	Retail			
	tock is: 100 L OFFICERS AND/OR DIRECTORS		ALC IANDRO MEDEROS VP		
Name and Title	LAURA E SEMINO - P	Name and Title	e: ALEJANDRO MEDEROS - VP		
Address	9601 SW 142nd AVE	Address:	9601 SW 142nd AVE		
	Apt 414	<u>,</u>	Apt 414		
	Miami, FL 33186		Miami, FL 33186		
Name and Title:		Name and Title	c:		
Address		Address:			
		Name and Titl			
Address			SSO P T		
Address			SSE P		

Name ar	nd Title:	Name and Title:	
Addres	<u> </u>	_ Address:	<u> </u>
		_	
ARTICLE VI The name and F	REGISTERED AGENT lorida street address (P.O. Box NOT acceptable) o	f the registered agent is:	
Name:	REGAL TAX & BUSINESS SOLUTIONS	_	
Address:	1500 NW 89TH COURT SUITE 106	_	
	DORAL, FL 33172		
<u>ARTICLE VII</u>	<u>INCORPORATOR</u>		
The name and a	ddress of the Incorporator is:		
Name:	LUIS EUGENIO DAVILA	_	
Address:	1500 NW 89TH COURT SUITE 106		
	DORAL, FL 33172	_	
Effective date, i (If an effective filing.) Note: If the dat	EFFECTIVE DATE: f other than the date of filing:	e statutory filing requirements, t	
Having been na certificate, I am	med as registered agent to accept service of process familiar with and accept the appointment as registed	for the above stated corporation ered agent and agree to act in thi	at the place designated in this capacity OT.OT.7023 Date
	Required Signature/Registered Agent		Date
I submit this do document to the	Department of State constitutes a third degree felo	e true. I am aware that the fals ny as provided for in s.817.155, i	e information submitted in t F.S.
	<u>Cuir</u> el amba	Date	67.07.2023
Required Signat	ture/Incorporator	Date	2
			2023 JUL I SECRETA

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SECRETARY OF STATE
TALLAHASSEE, FL