

PA30000051762

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

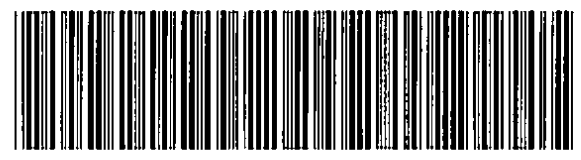
(Business Entity Name)

(Document Number)

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

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*[Handwritten signature]*  
7/13/23

07/13/23--01008--005 \*\*70.00

**FILED** RECEIVED  
2023 JUL 13 PM 1:09  
SECRETARY OF STATE  
TALLAHASSEE, FL  
2023 JUL 13 AM 10:35  
1100 PENNSYLVANIA ST.  
TALLAHASSEE, FLORIDA

**COVER LETTER**

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

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

\$78.75 Filing Fee & Certified Copy  
 \$87.50 Filing Fee, Certified Copy & Certificate of Status  
**ADDITIONAL COPY REQUIRED**

**FROM:** LUIS EUGENIO DAVILA  
Name (Printed or typed)  
1500 NW 89TH COURT SUITE 106  
Address  
DORAL, FL 33172  
City, State & Zip  
305 603 8310  
Daytime Telephone number  
INFO@MIS-TAXES.COM  
E-mail address: (to be used for future annual report notification)

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

SECRETARY OF STATE  
TALLAHASSEE, FL

2023 JUL 13 PM 1:09

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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: ANTARES CIGARS INC

**ARTICLE II PRINCIPAL OFFICE**

9601 SW 142nd AVE <sup>Principal street address</sup>  
Apt 414  
Miami, FL 33186

Mailing address, if different is:  
9601 SW 142nd AVE  
Apt 414  
Miami, FL 33186

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Online Retail

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: LAURA E SEMINO - P  
Address: 9601 SW 142nd AVE  
Apt 414  
Miami, FL 33186

Name and Title: ALEJANDRO MEDEROS - VP  
Address: 9601 SW 142nd AVE  
Apt 414  
Miami, FL 33186

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

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
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Name and Title: \_\_\_\_\_  
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Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
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SECRETARY OF STATE  
TALLAHASSEE, FL

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: REGAL TAX & BUSINESS SOLUTIONS  
Address: 1500 NW 89TH COURT SUITE 106  
DORAL, FL 33172

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: LUIS EUGENIO DAVILA  
Address: 1500 NW 89TH COURT SUITE 106  
DORAL, FL 33172

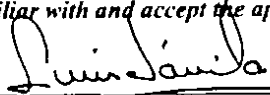
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 07/07/2023. (OPTIONAL)

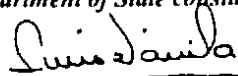
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

**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*

 07.07.2023  
Required Signature/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 felony as provided for in s.817.155, F.S.*

 07.07.2023  
Required Signature/Incorporator Date

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