

10/25/23, 10:05 AM

*P2300076174*

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H230003721123))



H230003721123ABCV

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From: Account Name : EXPRESS CORPORATE FILING SERVICE INC.  
Account Number : I2000000146  
Phone : (305)444-4994  
Fax Number : (305)328-4774

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

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

FLORIDA PROFIT/NON PROFIT CORPORATION  
SUNSET SMOKES CORP

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

RECEIVED  
2023 OCT 25 PM 12:17  
FLORIDA DEPARTMENT OF STATE  
CORPORATION DIVISION

FILED  
2023 OCT 25 AM 10:57  
FLORIDA DEPARTMENT OF STATE  
CORPORATION DIVISION

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: SUNSET SMOKES CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

\_\_\_\_\_

\_\_\_\_\_

5250 NW 84TH AVE APT 1402 DORAL, FL 33166

\_\_\_\_\_

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: \_\_\_\_\_

ANY AND ALL LAWFUL BUSINESS

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DARREL JAVIER SOTO ALVAREZ (P) Name and Title: \_\_\_\_\_

Address 5250 NW 84TH AVE APT 1402 Address: \_\_\_\_\_

DORAL, FL 33166 \_\_\_\_\_

\_\_\_\_\_

Name and Title: JORGE ALEXIS ROMAN LINARES (VP) Name and Title: \_\_\_\_\_

Address 5250 NW 84TH AVE APT 1402 Address: \_\_\_\_\_

DORAL, FL 33166 \_\_\_\_\_

\_\_\_\_\_

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

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

\_\_\_\_\_

\_\_\_\_\_

2023 OCT 25 AM 10:57  
STATE  
SECRETARY  
FL

FILED

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: DARREL JAVIER SOTO ALVAREZ  
 Address: 5250 NW 84TH AVE APT 1402 DORAL, FL 33166  
 \_\_\_\_\_

**ARTICLE VII INCORPORATOR**

The name and address of the incorporator is:

Name: DARREL JAVIER SOTO ALVAREZ  
 Address: 5250 NW 84TH AVE APT 1402 DORAL, FL 33166  
 \_\_\_\_\_

2023 OCT 25 AM 10:57  
 SECRETARY OF STATE  
 TALLAHASSEE, FL

FILED

**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 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 Date