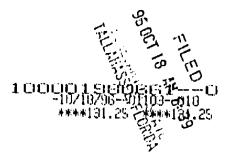
P960000 86403

TRANSMITTAL LETTER

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



SUBJECT: Signature Cigars Inc.
(Proposed corporate name - must include suffix)

Enclosed is an origination: \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	\$122.50 Filing Fee & Certified Copy Additional Copy	\$131.25 Filling Fee, Cortified Copy & Certificate	
FROM:		(printed or typed)		
	3663	Esperton Cir Address		
	<u>Surasota</u> Ci	<u>L FL 34233</u> y, State & Zip		
		8-329-457 Telephone number	0	

E OLIMANIA NOT 9 1 1996.

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

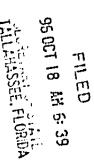
ARTICLES OF INCORPORATION

OF

SIGNATURE CIGARS, INC.

ARTICLE I NAME OF CORPORATION

The name of this corporation shall be SIGNATURE CIGARS, INC.



ARTICLE JI GENERAL NATURE OF THE BUSINESS

This corporation may engage in any activity or business permitted under the laws of the United States and of the State of Florida for which corporations may be organized under laws of the State of Florida.

ARTICLE III PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

3663 EGERTON CIRCLE SARASOTA, FL 34233

ARTICLE IV AUTHORIZED CAPITAL STOCK

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time shall be ONE MILLION (1,000,000) shares of common stock with a per value of One Dollar (\$1.00) per share.

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS

The street address of the initial registered office is:

3663 EGERTON CIRCLE

SARASOTA, FL 34233

The name of the initial registered agent of this corporation at this address is:

TROY C. PAULSON

ARTICLE VI INITIAL BOARD OF DIRECTORS

This corporation shall have two (2) directors initially. The number of directors may be increased or diminished from time to time by the bylaws but shall never be less than two (2). The names and addresses of the initial directors of this corporation are:

TROY C. PAULSON

F. JOSEPH BASILE

3663 Egerton Circle

5242 Avenida Navarra

Sarasota, FL 34233

Sarasota, FL 34242

ARTICLE VII

INCORPORATOR

The name and address of the persons signing these Articles are as follows:

TROY C. PAULSON

F. JOSEPH BASILE

3663 Egerton Circle

5242 Avenida Navarra

Sarasota, FL 34233

Sarasota, FL 34242

IN WITNESS, the undersigned subscriber has executed these Articles of Incorporation this 6 day of October 1996.

TROY C. PAULSON

F. JÓSEPH BASILE

STATE OF FLORIDA

COUNTY OF SARASOTA]

BEFORE ME, a notary public authorized to take acknowledgments in the State and County set forth above, personally appeared Troy C. Paulson and F. Joseph Basile known to me and known by me to be the persons who executed the foregoing Articles of Incorporation, and they acknowledged before me that they executed those Articles of Incorporation.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, in the State and County aforesaid, this 15 day of September, 1996.

Notary Public



CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607,0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: SignoTice Cipars	Inc.
2. The name and address of the registered agent and office is:	96 001 TALLA
TROY C. PAULSON	T 18 AH
(P.O. Box or Mail Drop Box NOT ACCEPTABLE)	1 6: 39
SUCCESTIC FL 34233 (CITY/STATE/ZIP)	_

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

10-15-96 (SIGNATURE) (DATE)