MIAMI, FLORIDA 33174 (305)552-5973 City/State/Zip Phone # Office Use Only LOCAL REPRESENTATIVE TALLAHASSEE CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Walk in Pick up time 2100 Certified Copy Photocopy Certificate of Status Mail out ☐ Will wait NEW FILINGS AMENDMENTS Profit Amendment NonProfit Resignation of R.A., Officer/Director **Limited Liability** Change of Registered Agent Domestication Dissolution/Withdrawal PERFORMED -Other Merger OTHER FILINGS Annual Report Foreign Fictitious Name Limited Partnership Name Reservation Reinstatement Trademark K.R. MAR 2 8 1997 Other Examiner's Initials

CR2E031(1/95)



#### FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

March 28, 1997

LAZARUS CORPORATE INDUSTRIES, INC. 890 S.W. 87TH AVENUE SUITE 16 MIAMI, FL 33174

SUBJECT: MAGNATE'S INC Ref. Number: W97000007309

We have received your document for MAGNATE'S INC and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of an entity name DOES NOT constitute a difference. Please select a new name and make the substitution in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

When the document is resubmitted, please return a copy of this letter to ensure that your document is properly handled.

If you have any questions about the availability of a particular name, please call (9**04)** 488-9000.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6932.

Kimberly Rolfe
Document Specialist

Letter Number: 197A00015894

## ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE | NAME

The name of the corporation shall be: CIGARS GLAMOUR INC.

97 APR 16 PH 4: 24
SECRETARY OF STATE
TALL AHASSEE FLORIDA

## ARTICLE II PRINCIPAL OFFICE

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

11445 SN 57 ST - Minni Fb. 3173

### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100 - 33 para coda uno + una para el prisidente

## ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Eduardo R. Caceres 1445 sw 57. st. Mimi FL. 33173

## ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is (are):  1)- BARTOLO - LOSE - BAUZA-4500 N 16 LUE APPLE HULLIAK - FL. 33612  2) Eduando R. (aceres - 11445 SN 57 ST Him; Fl. 33173  3) Jaime J. Bosch - 12209 SN 14 LM APPLE 1312  ARTICLE VI DIRECTOR(S) Him; 33173
The name(s) and street address(es) of the director(s) to these Articles of Incorporation is(are):  1- BARTOLO Tosé BAUZA - 4500 W 16 AUE Apt 615 Hislinh FL. 33012  2- Eduardo R. Caceres - 11445 SW 57 St. Minni 7 1.33173
3- Jaime J. Bosch - 1209 SW 14 Ln Apto 1312 MISMi 33173
The undersigned incorporator(s) has (have) executed these Articles of Incorporation this  Manzo day of 27, 1957.

Signature

Signature

Articles of Incorporation Filing Fee - \$35

# CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, 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: CIGARS GLAMOUR INC.
2.	The name and address of the registered agent and office is:
	Eduando Rogelio (Aceres
	114 45 SW 57 ST. (P.O. BOX NOT ACCEPTABLE)
	(P.O. BOX <u>NOT</u> ACCEPTABLE)
	Mismi +4 331-13
	(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.

SIGNATURE

DATE <u>03/2-7/9-</u>