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LAZARUS CORPORATE FILING SE (Requestor's Name)  3320 S.W. 87th AVENUE (Address)  MIAMI, FLORIDA (305)552-1 (City, State, Zip) (Phor	5973 ne #)	400	0002565 -06/19/981 ****122.50	S 1 4 — 0109400 ****122	1 35 2.50
LOCAL REPRESENTATIVE TALLAH	ASSEE	OFFICE USE ONLY			
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NEW FILINGS	AMENDM	ENTS	ARY SSEI	E	
Profit	Amendment		Pri IZ: 48 Of State E. Florio,		
NonProfit	Resignation of F	R.A., Officer/Director	2: 4 3 TAT . ORII		
. Limited Liability	Change of Regist	tered Agent	\$-m &	'	
Domestication	Dissolution/Witho	drawal			
Other	Merger				
OTHER FILINGS  Annual Report  Fictitious Name  Name Reservation	REGISTRATIO QUALIFICATIO Foreign Limited Partnersh	N /	1 19		
·	Reinstatement		•		
	Trademark Other				
	Outre	Ex	aminer's Initials		

## 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 I NAME

The name of the corporation shall be:

MOMEO Y SULLETA HABANA CIGAR

ARTICLE II PRINCIPAL OFFICE

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

7701 BEACH VIEW DR MIAMI FL 33141

ARTICLE III SHARES

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

500 = \$/00

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

LADYS ORDONEZ. 125 N.MIAMIAUE MIAMIFL 33128 MIAMIFL 33128

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## ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the	incorporator(s) to these Articles of
Incorporation is(are):	

LOUIS ORDONEZ 7701BEACHUIEN DR MIAMI FL 33/41

## ARTICLE VI DIRECTOR(S)

The name(s) and street address(es) of the director(s) to these Articles of Incorporation is(are):

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.

The name and address of the registered agent and office is:  LHDYS ORDOPEZ  (NAME)  125 P. MIHMI FUE  (P.O. BOX NOT ACCEPTABLE)  MIHMI FL 33178  (CITY/STATE/ZIP)	The nam	e of the c	orporatio	on is:	OME AC	0 3	у J #	UL/E	TA AR C
(NAME)  125 P. MIHMI FUE  (P.O. BOX NOT ACCEPTABLE)  MIAMIFL 33178	The nam	e and ad	dress of 1	the registe	red agen	t and	office	is:	
(NAME)  125 P. MIH MI HUE  (P.O. BOX NOT ACCEPTABLE)  MIAME		270							
(P.O. BOX NOT ACCEPTABLE)  MIANIFL 53178				(NAM	E)	•		=	
(P.O. BOX NOT ACCEPTABLE)  MIAMIFL 53178		125	p. 1	MIHI	41	AU	<u>E</u> _		
MIAMIFL 35178 (CITY/STATE/ZIP)			(P.O. B	OX NOT A	CCEPTA	BLE)		**	•
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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 6-18-985 PH IZ TO THE TOTAL TO THE TOTAL TO THE TOTAL TH

REGISTERED AGENT FILING FEE: \$35.00

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