

Access Incorporation Services, Inc. 21550 Oxnard St, Suite 300 Woodland Hills, CA 91367

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

300002659303---5 -10/08/98--01056--022 \*\*\*\*\*78.75 \*\*\*\*\*78.75

To Whom It May Concern:

Enclosed please find two copies of the Articles of Incorporation for **Don Pino Cigars & Military Advisors**, **Inc**. Also, enclosed please find a check made out to Department of State for the amount of \$78.75.

Please send a stamped copy of the articles to:

Access Incorporation Services 21550 Oxnard St, Suite 300 Woodland Hills, CA 91367

Sincerely,

Matthew Cohen Vice-President Access Incorporation Services, Inc. 98 OCT -8 PHIZ: 33



## ARTICLES OF INCORPORATION

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

# ARTÍCLE I NAME

The name of the corporation shall be:

Don Pino Cigars & Military Advisors, Inc.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 15907 Hwy 49

Drytown, CA 95699

#### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 2000

# ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Zaida Pino

7002 SW 102 Avenue, Miami, FL 33173

#### ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Matthew Cohen

21550 Oxnard Street, Suite 300

Woodland Hills, CA 91367

September 22, 1998

Signature/Incorporator

Date

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(An additional article must be added if an effective date is requested.)

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/Registered Agent

Date