

TRANSMITTAL LETTER
P9900090839

Department of State
Division of Corporations
P. O. Box 6307
Tallahassee, FL 32314

800003015088--4
-10/14/99--01019--002
*****78.75 *****78.75

SUBJECT: MARILYN'S CIGARS CORP.
(Proposed corporate name - must include suffix)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: RUBEN SANCHEZ
Name (Printed or typed)

5445 COLLINS AVE. CU33
Address

MIAMI BEACH, FL 33140
City, State & Zip

305 867 9545
Daytime Telephone number

FILED
99 OCT 14 AM 8:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W99-23414

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

R. VARNADORE OCT 15 1999

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.

ARTICLE I NAME

The name of the corporation shall be:

MARILYN'S CIGARS CORP.

ARTICLE II PRINCIPAL OFFICE

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

P.O. BOX 190433
MIAMI BEACH
FL ~~33119~~ 33119

ARTICLE III SHARES

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

ONE HUNDRED

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

RUBEN SANCHEZ
5445 COLLINS AVE CU33
MIAMI BEACH, FL 33140

ARTICLE V INCORPORATOR

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

RUBEN SANCHEZ
5445 COLLINS AVE CU33
MIAMI BEACH, FL 33140



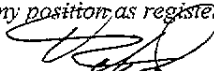
Signature/Incorporator

10/5/99

Date

(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

10/5/99

Date

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TALLAHASSEE, FLORIDA