

PP9000099265

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LAZARUS CORPORATE FILING SERVICE, INC.

(Requestor's Name)

3320 S.W. 87th AVENUE

(Address)

MIAMI, FLORIDA (305)552-5973

(City, State, Zip) (Phone #)

LOCAL REPRESENTATIVE TALLAHASSEE

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. CAONABO CIGARS SALES CENTER INC. (Corporation Name) (Document #)

2. (Corporation Name) (Document #)

3. (Corporation Name) (Document #)

4. (Corporation Name) (Document #)

- Walk in  Pick up time 2:00  Certified Copy
- Mail out  Will wait  Photocopy  Certificate of Status

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 99 NOV 12 AM 8:52  
 DEPARTMENT OF STATE  
 DIVISION OF CORPORATIONS  
 TALLAHASSEE, FLORIDA  
 FILED  
 99 NOV 12 AM 10:43  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

| NEW FILINGS                         |                   |
|-------------------------------------|-------------------|
| <input checked="" type="checkbox"/> | Profit            |
| <input type="checkbox"/>            | NonProfit         |
| <input type="checkbox"/>            | Limited Liability |
| <input type="checkbox"/>            | Domestication     |
| <input type="checkbox"/>            | Other             |

| AMENDMENTS               |                                       |
|--------------------------|---------------------------------------|
| <input type="checkbox"/> | Amendment                             |
| <input type="checkbox"/> | Resignation of R.A., Officer/Director |
| <input type="checkbox"/> | Change of Registered Agent            |
| <input type="checkbox"/> | Dissolution/Withdrawal                |
| <input type="checkbox"/> | Merger                                |

| OTHER FILINGS            |                  |
|--------------------------|------------------|
| <input type="checkbox"/> | Annual Report    |
| <input type="checkbox"/> | Fictitious Name  |
| <input type="checkbox"/> | Name Reservation |

| REGISTRATION/QUALIFICATION |                     |
|----------------------------|---------------------|
| <input type="checkbox"/>   | Foreign             |
| <input type="checkbox"/>   | Limited Partnership |
| <input type="checkbox"/>   | Reinstatement       |
| <input type="checkbox"/>   | Trademark           |
| <input type="checkbox"/>   | Other               |

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Examiner's Initials

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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:**

X CAONABO CIGARS SALES CENTER INC.

**ARTICLE II PRINCIPAL OFFICE**

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

2500 NW 16 ST.  
APT. 5  
MIAMI FLORIDA 33125

**ARTICLE III SHARES**

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

1000 SHARES \$1.00

**ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS**

**The name and address of the initial registered agent is:**

MANUEL DOMINGUEZ  
2500 NW 16 ST  
APT. 5  
MIAMI FL 33125

**ARTICLE V INCORPORATOR(S)**

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

MANUEL DOMINGUEZ 2500 N.W 16ST MIAMI FL. 33125

ALBERTO F. SARASUA 442 HAMPTON LANE KEY BISCAYNE FL 33149

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**ARTICLE VI DIRECTOR(S)**

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

MANUEL DOMINGUEZ PRES-TR- 2500 NW 16ST MIAMI FL 33125

ALBERTO F. SARASUA VP- SEC- 442 HAMPTON LANE KEY BISCAYNE FL 33149

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The undersigned incorporator(s) has (have) executed these Articles of Incorporation this 10 day of NOVEMBER 1999

*Manuel Dominguez*  
Signature

*Alberto F. Sarasua*  
Signature

\_\_\_\_\_  
Signature

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT 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 RELATED TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES. AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

*Manuel Dominguez*  
REGISTERED AGENT

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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