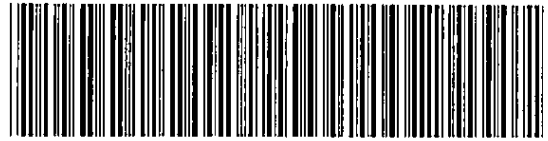


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200409385142

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

05/05/23--60120--044 \*\*95.00

05/31/23--01007--001 \*\*48.50

Special Instructions to Filing Officer:

Empty box for special instructions.

Office Use Only

2023 MAY 30 AM 4:55  
FBI ALBANY

fw 5/30/23

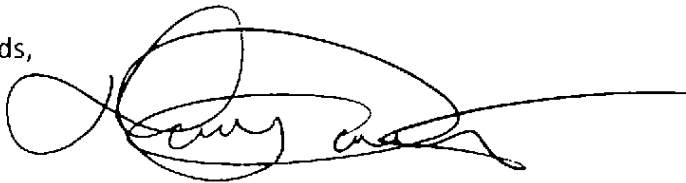
Date: May 15, 2023  
Attention Daniel O'Kieth

I am writing pursuant to a phone conversation that I had with an agent on May 8, 2023. It came to my attention that I had incorrectly filed and paid for a FOR PROFIT Florida Corporation see Document ID P23000035226. I had intended to file for a LLC, however I did not see that it was incorrectly submitted as a for profit. Immediately thereafter, I attempted to complete a completed LLC filing under Document Number W23000065056 which was denied because of the name conflict I erroneously created by filing a for profit corporation. I contacted the Secretary of State Corporations Division and was informed that the first filing for the "for profit" corporation should not have been accepted by the designated agent for the Secretary of State Corporate Division because it had "LLC" in the title. The agent advised the following:

1. Send in a printed form for LLC filing (enclosed)
2. A letter to the attention of Daniel O'Kieth
3. A request to be refunded the 87.50 filing fees (Filing fee, registered agent, certified copy and certificate status)
4. Apply the refund to the LLC filing along with an enclosed check for \$42.50 (LLC filing, registered agent and certificate of status). Check Number 182 Enclosed

Thank you for making this correction. Please contact me at 503-929-6036 with any questions.

Regards,



David J Painter

2023 MAY 30 AM 4:55  
MAIL ASSISTANT DIV

FBI

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: Good Leaf Cigars LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

David J Painter  
Name of Person  
Good Leaf Cigars LLC  
Firm/Company  
1624 Galloway Dr  
Address  
The Villages, FL 32163  
City/State and Zip Code  
smokeglc@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Keshmira Engineer at (503) 929-6036  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**Mailing Address**  
New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**  
New Filing Section Division  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Good Leaf Cigars LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

1624 GALLOWAY DRIVE

1624 GALLOWAY DRIVE

The Villages FL 32163

The Villages FL 32163

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

David J Painter

Name

1624 GALLOWAY DRIVE

Florida street address (P.O. Box **NOT** acceptable)

THE VILLAGES

FL

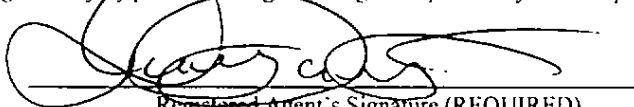
32163

City

State

Zip

*Having been named as registered agent and to accept service of process for the above stated limited liability company 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 as provided for in Chapter 605, F.S..*



Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED  
2023 MAY 30 AM 4:55  
ALLIANCE INFORMATION

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

MGR \_\_\_\_\_

DAVID J PAINTER  
1624 Gallowsay Drive  
The Villages, Florida 32163

AMBR \_\_\_\_\_

KESHMIRA ENGINEER  
1624 Gallowsay Drive  
The Villages, Florida 32163

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: JUNE 17TH 2023 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED SIGNATURE:**



\_\_\_\_\_  
**Signature of a member or an authorized representative of a member.**  
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.  
I am aware that any false information submitted in a document to the Department of State  
constitutes a third degree felony as provided for in s.817.155, F.S.

KESHMIRA ENGINEER  
Typed or printed name of signee

**Filing Fees:**

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

2023 MAY 30 AM 11:55  
ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED