

# L16000191442

Florida Department of State  
Division of Corporations  
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**FLORIDA LIMITED LIABILITY CO.  
ALL AROUND CIGARS, LLC**

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**ARTICLES OF ORGANIZATION**  
**FOR**  
**FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is: *(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")*

ALL AROUND CIGARS, LLC

**ARTICLE II - Address:**

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

11246 PINES BLVD.

PEMBROKE PINES, FL 33026

**ARTICLE III - Registered Agent, Registered Office:**

The name and the Florida street address of the registered agent are: *(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.)*

NELSON & ASSOCIATES, CPA PA

1867 NW 97 AVENUE

SUITE 102

MIAMI, FL 33172

**ARTICLE IV-**

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

JORGE R. DELGADO, MANAGER

11246 PINES BLVD

PEMBROKE PINES, FL 33026

ALEXANDER SANCHO, MANAGER

2630 SW 115TH STREET

MIAMI, FL 33167

OMAR SANCHO, MANAGER

7830 WEST 28TH ST

HIALEAH, FL 33118

YORJAN SANCHO, MANAGER

7030 WEST 28TH ST

HIALEAH, FL 33118

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**Required Signatures:****Signature of a member or an authorized representative of a member.**

In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.

JORGE R. DELGADO**Typed or printed name of signer**

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)**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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