

B06000000101

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

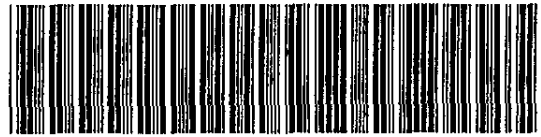
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:
LP

Office Use Only

3/6/08
[Signature]



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STATE OF FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: National Tobacco Company, LP
(Name of Foreign Limited Partnership or Limited Liability Limited Partnership)

The enclosed application, certificate of status and fees are submitted to register a foreign limited partnership or limited liability limited partnership to transact business in Florida. Please return all correspondence concerning this matter to:

Mark Meyer
(Contact Person)

National Tobacco Company, LP
(Firm/Company)

3029 Muhammad Ali Blvd.
(Address)

Louisville, KY 40212
(City, State and Zip Code)

For further information concerning this matter, please call:

Mark Meyer at (502) 774-9274
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$1,000.00 Filing Fees (\$965 Filing Fee and \$35 Registered Agent Fee)
- \$1,008.75 Filing Fees and Certificate of Status
- \$1,052.50 Filing Fees and Certified Copy
- \$1,061.25 Filing Fee, Certified Copy, and Certificate of Status

STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

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 STATE
 DEPT. OF REVENUE
 FLORIDA

**APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR
LIMITED LIABILITY LIMITED PARTNERSHIP
TO TRANSACT BUSINESS IN FLORIDA**

1. National Tobacco Company, LP
(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)
Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.
Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P.
or LLLP.

(If name unavailable, name under which the limited partnership or limited liability limited partnership
proposes to register to transact business in Florida; must contain acceptable suffix.)

2. Delaware 3. 01/26/1988
(State or Country of Formation) (Date of Formation)

4. CT Corporation System
(Name of Registered Agent for Service of Process)

5. 1200 S. Pine Island Rd.
(Florida street address for Registered Agent)
Plantation, FL 33324

6. 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 relative to the proper and complete performance of my duties,
and I am familiar with and accept the obligations of my position as registered agent.

(See Attached)
Signature of Registered Agent

7. 3029 Muhammad Ali Blvd.; Louisville, KY 40212
(Principal office address)

8. If limited partnership is a limited liability limited partnership, check box

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FLORIDA

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Re: National Tobacco Co., LP

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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

CT Corporation System

By: John J. Linnihan

Signature of Registered Agent
John J. Linnihan, Asst. Vice President

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STATE
FLORIDA

9. P O Box 32980; Louisville, KY 40232-2980
(Mailing address)

10. Name, principal office address, and mailing address of each general partner:

National Tobacco Finance Corporation
(Name)

3029 Muhammad Ali Blvd.
(Street Address)

Louisville, KY 40212

P O Box 32980
(Mailing Address)

Louisville, KY 40232-2980

_____ (Name)

_____ (Street Address)

_____ (Mailing Address)

_____ (Name)

_____ (Street Address)

_____ (Mailing Address)

_____ (Name)

_____ (Street Address)

_____ (Mailing Address)

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_____	_____
(Name)	(Street Address)
_____	_____
	(Mailing Address)
_____	_____
(Name)	(Street Address)
_____	_____
	(Mailing Address)

STATE
 TALLAHASSEE
 FLORIDA

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11. Effective date, if other than the date of filing: ~~02/22/2006~~ Date of filing.
 (Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

12. Attached is a certificate of existence duly authenticated, not more than 90 days prior to the delivery of this application to the Florida Department of State, by the Secretary of State or other official having custody of the entity's records in the jurisdiction under the law of which it is organized.

Signed this 22 day of February, 20 06.

Signature of a general partner:



James W. Dobbins, Secretary
 National Tobacco Finance Corporation

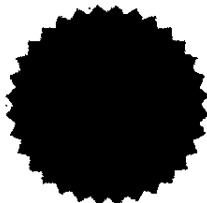
Filing Fees:	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)
Certified Copy (optional):	\$52.50
Certificate of Status (optional):	\$8.75

Delaware

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The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NATIONAL TOBACCO COMPANY, L.P." IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SIXTEENTH DAY OF FEBRUARY, A.D. 2006.



Harriet Smith Windsor
Harriet Smith Windsor, Secretary of State

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AUTHENTICATION: 4528449

DATE: 02-16-06