EUDE JUSCO 0008151 321 HLYES ST # 5 Address Holl Ywood FL 33019, City/State/Zip Phone

Office Use Only

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

	1. CiGGARTTTS OUT	(Document #)	<u></u>
	2. AMERICAN MARKETIWA (Corporation Name) Corporation Name) (Corporation Name)	(Document #)	CC JUL 17 AM
RECEIVE	Walk in Pick up time	(Document #)	Certified Copy Certificate of Status
	NEW FILINGS Profit Not for Profit Limited Liability Domestication Other	AMENDMENTS Amendment Resignation of R.A. Change of Registered Dissolution/Withdra Merger	ed Agent
	OTHER FILINGS Annual Report Fictitious Name	REGISTRATION/QUA Foreign Limited Partnership Reinstatement Trademark Other	601/

Examiner's Initials

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I-Name: CIGARETTES OUTLET UC The name of the Limited Liability Company is:				
ARTICIE II - Address: 321 HAYES ST #5 HOLLYWOD BEACH FL 33019 The mailing address and street address of the principal office of the Limited Liability Company is:				
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are:				
POWARD S USCILLULICE SOS				
EDWARD S USCILOWICZ Name 321 HAYES ST 45 HOllywood FL 33019 5				
Florida street address (P.O. Box NOT acceptable)				
City, State, and 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 608, F.S Registered Agent's Signature				
Article IV - Management (Check box if applicable.) The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.				
(An additional article must be added if an effective date is requested)				
Signature of a member or an authorized representative of a member.				
(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)				
Typed or printed name of signee				

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)