

# LO20000011441

Florida Department of State  
Division of Corporations  
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Katherine Harris, Secretary of State

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To:

Division of Corporations  
Fax Number : (850) 205-0383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

## LIMITED LIABILITY COMPANY

centurion tobacco, llc

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

RECEIVED  
02 MAY 10 PM 3:15  
DIVISION OF CORPORATION  
02 MAY 10 PM 3:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
FILED

7B

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ARTICLES OF ORGANIZATION

FOR

CENTURION TOBACCO, LLC

ARTICLE I. - NAME:

The name of this Limited Liability Company ("Company") shall be:

CENTURION TOBACCO, LLC

ARTICLE II. - ADDRESS

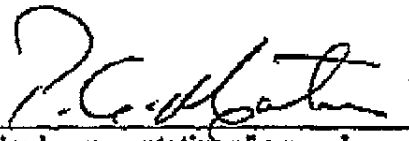
The mailing address and street address of the principal office of the Company is:

c/o Eduardo A. Fernandez, 3010 N.W. 79<sup>th</sup> Avenue, Miami, Florida 33122.

ARTICLE III. - MANAGEMENT

The Company is to be managed by: a manager or managers and the name(s) and address of such manager(s) is:

Eduardo A. Fernandez  
3010 N.W. 79<sup>th</sup> Avenue  
Miami, Florida 33122



Signature of authorized representative of a member

*E. A. Fernandez*

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

APPROVED  
AND  
FILED

02 MAY 10 PM 3:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES,  
THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING  
STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE  
STATE OF FLORIDA.

1. The name of the limited liability company is: CENTURION TOBACCO, LLC
2. The name and the Florida street address of the registered agent are:

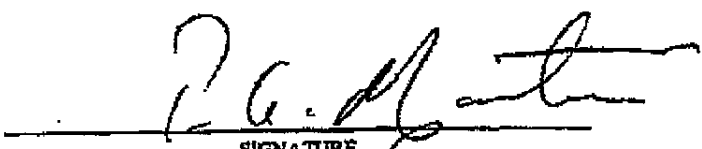
PEDRO A. MARTIN

NAME

1221 Brickell Avenue, Suite 2100

Miami, Florida 33131Florida street address (P.O. BOX NOT ACCEPTABLE)

*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.*

  
SIGNATURE02 MAY 10 PM 3:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDAAPPROVED  
AND  
FILED

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