

Division of Corporations

L0200002422 (2)

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)205-0383

From:
Account Name : INTERNATIONAL BUSINESS INCORPORATORS, INC.
Account Number : I20010000092
Phone : (305)595-0560
Fax Number : (305)595-0560

RECEIVED
02 OCT -8 AM 7:41
DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

Discount Cigarette Outlet LLC

FILED
02 OCT -7 AM 9:17
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

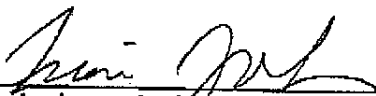
ARTICLE I - Name: The name of the Limited Liability Company is Discount Cigarette Outlett LLC.

ARTICLE II- Address: The mailing address and street address of the principal office of the Limited Liability Company is Louis Sessa 957 N. Suncoast Blvd., Crystal River, FL 34429

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

The name and the Florida street address of the registered agent is International Business Incorporators, Inc., 8108 SW 103 Avenue, Miami, FL 33173.

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.


Marie Jorczak, Assistant Secretary
International Business Incorporators, Inc.

ARTICLE IV - Management: The Limited Liability Company is to be managed by one or more managers and is, therefore, a manager - managed company. The name(s) and address(es) of the Manager(s) is/are: Louis Sessa 957 N. Suncoast Blvd., Crystal River, FL 34429

(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.)


Marie Jorczak, Authorized Person

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STATE OF FLORIDA

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