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Effective Date 10/12/09

SECRETARY OF STATE DIVISION OF CORPORATIONS

T. HAMPTON

OCT 1 6 2009

EXAMINER

### **COVER LETTER**

Registration Section Division of Corporations

TO:

SUBJECT:	New Day E	Electronic Cigarettes LLC
	Name of Limi	ted Liability Company
The enclosed Article	es of Organization and fee(s) are	submitted for filing.
Please return all cor	respondence concerning this ma	tter to the following:
•		Curtis D Imler Name of Person
		Name of Letzon
<u> </u>	New Day E	lectronic Cigarettes LLC
		Firm/Company
	4109	NE 21st Ave. #3
		Address
	Fort Lauc	derdale, Florida 33308
	Ci	ty/State and Zip Code
	curt	@newdayecig.com
	•	for future annual report notification)
For further informat	ion concerning this matter, pleas	e call:
	Curtis Imler	at ( 954 ) 826-6209
Na	ame of Person	Area Code & Daytime Telephone Number
Enclosed is a chec	k for the following amount:	
]\$125.00 Filing Fe	ce \$\int\\$130.00\text{ Filing Fee & Certificate of Status}	\$155.00 Filing Fee & Sectified Copy (additional copy is enclosed)  \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## Effective Date 10/12/09

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company i	is:
New Day Electronic (Must end with the words "Limited Lia	c Cigarettes LLC bility Company," "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
4109 NE 21st Ave #3	4109 NE 21st Ave #3
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Reg business entity with an active Florida registration.)  The name and the Florida street address of the	sistered Agent. You must designate an individual or another
Curtis I	D Imler
Nam	e
4109 NE 2	1st Ave #3
Florida street address (P.	O. Box <u>NOT</u> acceptable)
Fort Lauderdale, 3330	8 <sub>FL</sub>
. City, State,	and Zip
liability company at the place designated in registered agent and agree to act in this capac statutes relating to the proper and complete p	o accept service of process for the above stated limited this certificate, I hereby accept the appointment as ity. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and gistered agent as provided for in Chapter 608, F.S

Registered Agent's Signature (REQUIRED)

(CONTINUED)

DIVISION OF CORPORATIONS

#### Page 1 of 2

ARTICIALIV- Manager(s) or Managing Member(s	RTICLE IV- Manager(s) or Managing Member	(s)
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The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
MGRM	Curtis D Imler
-	4109 NE 21st Ave #3
	Fort Lauderdale, FL 33308
MGRM	Michael D Bolduc
<del></del>	405 N. Ocean Blvd, #1917
	Pompano Beach, Fl 33062
(Use attachment if necessary)	
	e date of filing: October 12, 2009 (OPTION oe specific and cannot be more than five business d
REQUIRED SIGNATURE:	

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.)

Michael D Bolduc

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)