

Oct 19 2009 13:34

Division of Corporations

REGISTERED FIRM

P. 1

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Florida Department of State

Division of Corporations

Public Access System

Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : NATIONAL REGISTERED AGENTS, INC.

Account Number : I20030000062

Phone : (609) 716-0300

Fax Number : (609) 716-0820

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 OCT 19 AM 10:03

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FLORIDA/FOREIGN LIMITED LIABILITY CO.

PRIDE CIGARS, LLC

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

RECEIVED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

A. LUNT

OCT 20 2009

EXAMINER

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

PRIDE CIGARS, LLC

(Must end with the words "Limited Liability 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:

10006 Cross Creek Boulevard, Ste 412

Tampa, Florida 33647

Mailing Address:

10006 Cross Creek Boulevard, Ste 412

Tampa, Florida 33647

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Ares Contreras

Name

10006 Cross Creek Boulevard, Ste 412

Florida street address (P.O. Box **NOT** acceptable)

Tampa

FL 33647

City, State, and Zip

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TALLAHASSEE, FLORIDA

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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.

Ares Contreras

By: 

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Ares Contreras

10006 Cross Creek Boulevard, Ste 412

Tampa, Florida 33647

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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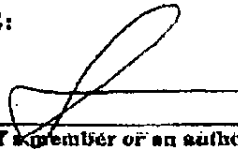
FILED

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:



Signature of 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.)

Ares Contreras

Typed or printed name of signer

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)

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