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## COVER LETTER

TO:

**Registration Section** 

Division of	Corporations		
SUBJECT:	HEALTHY SM	MOKING SOLUTIONS LLC	;
		ed Liability Company	
The enclosed Articles	of Organization and fee(s) are	submitted for filing.	
Please return all corre	spondence concerning this mat	ter to the following:	
	WAEL	JAMALEDDINE MD	
		Name of Person	
		Pi- /G	<del></del>
		Firm/Company	SECRETA
	8779 WI	TTENWOOD COVE	HAN E
		Address	RY O
	ORLANDO	, FLORIDA 32836-5527	
	Cit	y/State and Zip Code	ATE ORID;
	healthysmol	kingsolutions@gmail.com  for future annual report notification)	D 01
For further information	on concerning this matter, please	•	
	MALEDDINE MD	at ( 407 ) 256 92	246
Nan	ne of Person	Area Code & Daytime Telephone N	Number
Enclosed is a check	for the following amount:		
]\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certified Copy Certified Copy (additional copy is enclosed) Certified Copy	.00 Filing Fee, ificate of Status & ified Copy tional 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	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### **ARTICLE I - Name:**

The name of the Limited Liability Company is:

## HEALTHY SMOKING SOLUTIONS 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:	Mailing Address:
8779 WITTENWOOD COVE	8779 WITTENWOOD COVE
ORLANDO, FL 32836-5527	ORLANDO, FL 32836-5527

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:

WAEL JAMALEDDINE MD	<b>2009,</b> SEC;
Name	まる 早 二
8779 WITTENWOOD COVE	TARY ASSE
Florida street address (P.O. Box NOT acceptable)	A 6 13
ORLANDO 32836 FL	STA LORA
City, State, and Zip	) 10 <sub>A</sub>

 $\lambda$ 

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 (REQUIRED)

(CONTINUED)

## Page 1 of 2

## 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  WAEL JAMALEDDINE MD  8779 WITTENWOOD COVE  ORLANDO, FL 32836-5527  PORT OF THE STATE			Name and Address:	
WAEL JAMALEDDINE MD  8779 WITTENWOOD COVE ORLANDO, FL 32836-5527  FOO PRICE OPTIONAL)  ### COPTIONAL OPTIONAL OPTI			Ivanic and Puditess.	
(Use attachment if necessary)  CLE V: Effective date, if other than the date of filing:  Oddays after the date of filing.)  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.)  WAEL JAMALEDDINE MD  Typed or printed name of signee		naging Member		
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\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)