

L100000001099

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

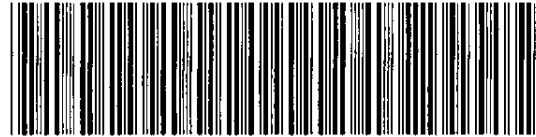
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600164095536

RECEIVED
10 JAN -5 PM 4:21
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
10 JAN -5 AM 8:26
SECRETARY OF STATE
DIVISION OF CORPORATIONS

B. KOHR

JAN - 6 2010

EXAMINER



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 241041 11405A

AUTHORIZATION :

[Signature]

COST LIMIT : \$ 155.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 JAN -5 AM 8:26

ORDER DATE : January 5, 2010

ORDER TIME : 3:50 PM

ORDER NO. : 241041-005

CUSTOMER NO: 11405A

DOMESTIC FILING

NAME: CYPRESS CIGARS, LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP
XXX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XXX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Matthew Young - EXT. 2962

EXAMINER'S INITIALS: _____

**Articles of Organization
for
CYPRESS CIGARS, LLC,
A Florida Limited Liability Company**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 JAN -5 AM 8:26

The undersigned, desiring to form a limited liability company under and pursuant to Chapter 608, Florida Statutes, the Florida Limited Liability Company Act, does hereby adopt the following Articles of Organization for such Company:

**ARTICLE I
Name**

The name of this Company shall be **CYPRESS CIGARS, LLC.**

**ARTICLE II
Duration**

The term of existence of the Company shall be perpetual.

**ARTICLE III
Mailing and Street Address**

The mailing address of the Company is P.O. Box 1272, Winter Haven, FL 33882, and the street address of the Company is 29 Fifth Street, N.W., Winter Haven, FL 33881.

**ARTICLE IV
Registered Agent and Office**

The name and street address of the initial registered agent and office for this Company is as follows: Sam H. Killebrew, 29 Fifth Street, N.W., Winter Haven, FL 33881.

**ARTICLE V
Admission of Additional Members;
Terms and Conditions of such Admissions**

Additional Members may be admitted upon unanimous consent of the Members of the Company, upon the written application of such new Member, in the manner set forth in the Operating Agreement of this Company and in accordance with applicable law.

**ARTICLE VI
Management of Company**

The Company is to be a manager-managed company.

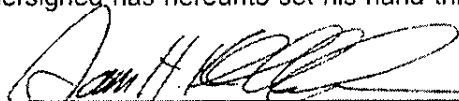
ARTICLE VII
Amendment of Articles of Organization

Any amendment to these Articles of Organization shall be on such form prescribed by the Secretary of State of the State of Florida containing such terms and provisions consistent with Chapter 608, Florida Statutes, as shall be prescribed by the Department of State, and shall be signed and sworn to by all Members of the Company. In the event a new Member is added by such amendment, it shall be also signed by the Member to be added.

ARTICLE VIII
Transferability of Member's Interest

An interest of a Member of this Company may be transferred or assigned only to such extent and in the manner provided in the Operating Agreement of the Company and in accordance with applicable law.

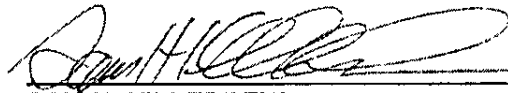
IN WITNESS WHEREOF, the undersigned has hereunto set his hand this 5th day of January, 2010.



SAM H. KILLEBREW, Member

STATEMENT OF REGISTERED AGENT

Having been named as Registered Agent and to accept service of process for the above-stated limited liability company, 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 in Chapter 608, Florida Statutes.

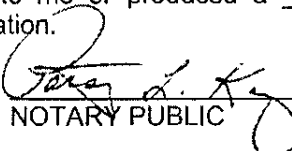


SAM H. KILLEBREW

STATE OF FLORIDA
COUNTY OF POLK

The foregoing instrument was acknowledged before me this 5th day of January, 2010, by **SAM H. KILLEBREW**, who is personally known to me or produced a _____ as identification.

(SEAL)



NOTARY PUBLIC

Print Name of Notary

My Commission Expires:

