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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

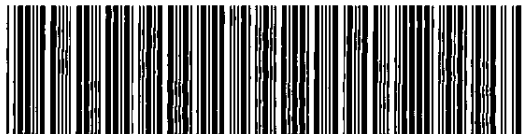
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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02/10/10--01026--015 \*\*130.00

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2010 FEB 10 PM 2:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. CLINE

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EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 11, 2010

RICHARD THOMASON  
P.O. BOX 511293  
PUNTA GORDA, FL 33951

SUBJECT: RT HOLDINGS GROUP, LLC  
Ref. Number: W10000007097

We have received your document for RT HOLDINGS GROUP, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of a voluntarily dissolved business entity. The name of a voluntarily dissolved business entity is not available for the assumption or use by another entity until 120 days after the effective date of dissolution unless the dissolved business entity provides the Department of State with an affidavit or letter, stating that they have no intention of revoking the dissolution, therefore, releasing the name for use to another entity.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline  
Regulatory Specialist II

Letter Number: 810A00003538

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STATE OF FLORIDA  
TALLAHASSEE, FL 32314

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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Moosehead Cigars, LLC.**  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Richard Thomason

Name of Person

Moosehead Cigars, LLC

Firm/Company

P.O. Box 511293

Address

Punta Gorda, Florida 33951

City/State and Zip Code

mooseheadcigars@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Richard Thomason

Name of Person

at ( 513 ) 266-7207

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee    ☒ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified 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

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TALLAHASSEE, FLORIDA

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Moosehead 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:

318 Tamiami Trail  
Unit 111  
Punta Gorda, Florida 33950

#### Mailing Address:

P.O. Box 511293  
Punta Gorda, Florida 33951

**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 other business entity with an active Florida registration.)

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

Richard Thomason

Name

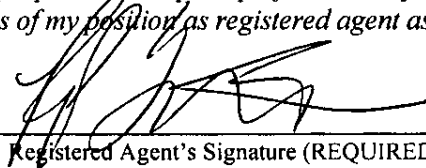
15699 Aron Circle

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

Port Charlotte FL 33981

City, State, and Zip

*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)

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TALLAHASSEE, FLORIDA

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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:**

MGR

Richard Thomason

15699 Aron Circle

Port Charlotte, Florida 33981

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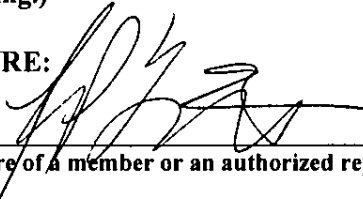
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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 02/05/2010 (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 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.)

Richard Thomason

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)**

**FILED**  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA