

L11000044566

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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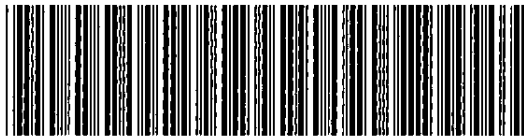
(Business Entity Name)

(Document Number)

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DEPARTMENT OF REVENUE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

B. KOHR

APR 14 2011

EXAMINER

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 APR 14 PM 2:12



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 744492 7146887

AUTHORIZATION :

COST LIMIT : \$ 125.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 APR 14 PM 2:12

ORDER DATE : April 14, 2011

ORDER TIME : 12:31 PM

ORDER NO. : 744492-005

CUSTOMER NO: 7146887

DOMESTIC FILING

NAME: RYO CIGARETTES OF JUPITER,
LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Carina L. Dunlap - EXT. 2951

EXAMINER'S INITIALS: _____

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I – Name:

The name of the Limited Liability Company is:

RYO Cigarettes of Jupiter, LLC.

ARTICLE II – Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

2532-2592 W. Indiantown Road Suite 7
Jupiter, Florida 33458

Mailing Address:

2532-2592 W. Indiantown Road Suite 7
Jupiter, Florida 33458

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:

BARRY M. SICKLES, ESQUIRE
10100 West Sample Road, Suite 404
Coral Springs, Florida 33065

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 certification. 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.

BARRY M. SICKLES, ESQUIRE

By: _____

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DIVISION OF CORPORATIONS
11 APR 14 PM 2:12

(CONTINUED)

2 of 2

ARTICLE IV – Manager(s) or Managing Members(s):

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

____MGRM____

LABI Tobacco, Inc., A Florida Corporation
5907 NW 73rd Court
Parkland, Florida 33067

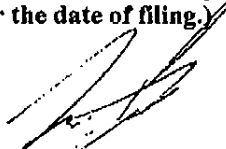
____MGRM____

Justin Ryan Fiore
720 Sandpiper Way
North Palm Beach, Florida 33408

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 a member of 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.)

Levi Touger

Typed or printed name of signee