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2011 MAY 16 PM 3:57

J. SAULSBERRY EXAMINER MAY 17 2011

COVER LETTER

TO: Registration S Division of Co				
Cigar	& Tobacco Shack	H.C.		
SUBJECT: O'SOLL		Liability Company		
	. t.			
The enclosed Articles of	Organization and fee(s) are su	bmitted for filing.		
Please return all correspondent	ondence concerning this matter	to the following:		
Lonnie L	Hunter			
	N	ame of Person		
Cigar & T	obacco Shack LL0	3		
	F	irm/Company		
P.O.Box 9	9458			
		Address		
Lee,Florida	,32059		E S	. 20
		State and Zip Code	A	
lhunter1954	@hotmail.com		F 27	IMAY
	E-mail address: (to be used for	future annual report notification)	S S	9.1
For further information of	concerning this matter, please ca	all:		HAY 16 PM
Lonnie L Hunter	en e		<u> </u>	PH 3: 57
	of Person	Area Code & Daytime Telep	hone Number	7
•				
Enclosed is a check fo	r 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 Fed Certificate of Statu Certified Copy (additional copy is enc	ıs &
	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 Ci Tallahassee, FL 32301	ircle	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
Cigar & Tobacco Shack LLC	
(Must end with the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
	incipal office of the Limited Liability Company is:
·	
Principal Office Address:	Mailing Address:
1150 NE County Rd. 255 Lee Fl.32059	P.O.Box 9458 Lee,Fl.32059
ARTICLE III - Registered Agent, Registered	Office & Registered Agent's Signature
(The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	ered Agent. You must designate an individual
The name and the Florida street address of the re-	
Lonnie L Hunter	SERVICE OF L
Name	
1150 NE County I	Rd.255 용물 💥 🐫

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

Lee

FL 32059 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..

(CONTINUED)

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

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

Manager	Lonnie L Hunter
	P.O.Box 9458,Lee,Fl.32059 mailing 1150NE County Rd. 255.Lee,Fl.32059
	1130NE County Rd. 200.Lee, F1.32035
3 '	
	*** 2
	MAY MAY
(Use attachment if necessary	> . —
(Ose attachment if necessary	,
	than the date of filing: (OPTIONAL
	e must be specific and cannot be more than five business days
days after the date of filing.)
REQUIRED SIGNATURE	: /
	/ 1/
	/ / / /
	VIK / HORTER

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

Lonnie L Hunter

\$ 30.00 Certified Copy (Optional)

Filing Fees:

\$ 5.00 Certificate of Status (Optional)

Typed or printed name of signee