Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

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Phone : (305)552-5973

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RECEIVED IN 11:07 IN 11:07 SECRETARY OF STATE

FLORIDA LIMITED LIABILITY CO. TARAZONA CIGARS, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

Electronic Filing Menu

Corporate Filing Menu

J. BRYAN

Help JUL **2** 7 2011

EXAMINER7/26/2011 3:47 PM

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	•	
The name of the Limited Liability Co	ompany is:	
TARAZONA CIO	gars, LLC	
(Must end with the words	imited Liability Company, "L.L.C.," or "LL	C7 7 2
ADTICI E W Address		
ARTICLE II - Address:	an aftha minainal aftina aftha I is	mind Linkling Common Edit
The mailing address and street addres	ss of the principal office of the Li	unted Liability Company is:
Principal Office Address:	Mailing Address:	
1000 Firth ST S.	H= 200 2704 Win	INFLIENCE DI
	')	
Miamy Brach Fr	73/29 June h hun	A VA GUENI
1000 Fifth ST Sui Miami Beach FC	33139 Lynchburg	9 VA, 24501

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

business entity with an active Florida registration.)

EDUARDO G. TARAZONA III

Name

7283 W 24 TH AVE APT 150

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

Hialeah FL 33016

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)

(CONTINUED)

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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:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
MGRM	Edvardo 6. TARAZONA III 7283 W. 24 TH AVE APT. 150 Highen FL 33016
<u>MGR</u>	KIM THOMAS-TARAZONA 3204 WINDEMERE PL LYNCHBURG VA 24501
· · · · · · · · · · · · · · · · · · ·	
· · · · · · · · · · · · · · · · · · ·	
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the date (If an effective date is listed, the date must be sp to or 90 days after the date of filing.)	e of filing: (OPTIONAL) sectific and cannot be more than five business days prior
REQUIRED SIGNATURE:	THE SE THE
There I.	du in E
<u>.</u>	r an anthorized representative of a member.
constitutes an affirmation under the	8(3), Florida Statutes, the execution of this document penalties of penjury that the facts stated herein are true on submitted in a document to the Department of State provided for in a.817.155, F.S.)
<u>EDUAR</u>	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)

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