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(Re	questor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to I	Filing Officer:	·

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SECRETARY OF STATE
AND AND SECRETARY OF STATE
OF

MAR 1 7 2014 S. YOUNG

## **COVER LETTER**

TO:	Registration Section Division of Corporations		SECON W
SUBJE	CCT: NOXIO CIGARS L.L.C.		설득 의
	Name of L	imited Liability Company	)
The en	closed Articles of Organization and fee(s)	are submitted for filing.	معتن بي <u>ت</u> بسترين
	-		Stil.
Please	return all correspondence concerning this	matter to the following:	·
	MARTHA TORIBIO		
		Name of Person	
	NOXIO CIGARS L.L.C.		
		Firm/Company	
	253 NE 2ND ST #2709		
		Address	
	MIAMI. FL. 33132		
		City/State and Zip Code	
io	anmanuel15@gmail.com		
<del></del>	E-mail address: (to be us	ed for future annual report notifica	ation)
For fur	ther information concerning this matter, pl	ease call:	
JOAN	RODRIGUEZ at (	809 923-5719	
	Name of Person	Area Code Daytime Te	lephone Number
Enclose	ed is a check for the following amount:		
<b>l</b> \$125.0	0 Filing Fee	☐\$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	Street/Courier Add	res <u>s</u>
	Registration Section Division of Corporations	Registration Section Division of Corporat	ions
	Division of Corporations	Clifton Puilding	

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:				
NOXIO CIGARS L.L.C.	Liability Company, "L.L.C.," or "LLC."	<u> </u>		
(Must end with the words "Limited	Elability Company, L.L.C., or LEC.	)		
ARTICLE II - Address: The mailing address and street address of the principal of	Fice of the Limited Liability Company is	:		
Principal Office Address:	Mailing Address:			
253 NE 2ND ST #2709 MIAMI, FL	SAME			
33132				
ARTICLE III - Registered Agent, Registered Office, of (The Limited Liability Company cannot serve as its own another business entity with an active Florida registration	Registered Agent. You must designate ar	ı individu	ial or	
The name and the Florida street address of the registered	agent are:			
MARTHA TORIBIO				
Name				
253 NE 2ND ST #2709 Florida street address (P.O. Box	NOT acceptable)			
MIAMI	FL 33132			
City	Zip			
Having been named as registered agent and to accept set the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions of my duties, and I am familiar with and accept the obj	t the appointment as registered agent and of all statutes relating to the proper and co	agree to omplete p	act in t erform	this iance
Registered Agent's Signat	onlaio ture (REQUIRED)			
(CONTINU	ED)	TW1 0380	14	
Page 1 of 2		AESS	芸品	<u> </u>

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
MGR - Mailagei	MARTHA TORIBIO
	253 NE 2ND ST #2709
	MIAMI FL 33132
<del></del>	
	****
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	W-10-10-10-10-10-10-10-10-10-10-10-10-10-
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