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SECRETARY OF STATE

HAR 1 8 2015 T. HAMPTON

## **COVER LETTER**

Division of Corporations
SUBJECT: Smoking 330 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:
Timothy S Nichols Name of Person
Firm/Company
9601 Forest hills Do
9601 Forest hills Do Address  Tampa FC 33612  City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Timothy 5N 1Chols at (813) 928-2068  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$\bigsize \text{\$\frac{1}{2}\$

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

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
Smokin' Dig BBO L (Must end with the words "Limited I	Liability Company, "L.L.C.," or "LLC.	")
ARTICLE II - Address: The mailing address and street address of the principal off	fice of the Limited Liability Company i	is:
Principal Office Address:	Mailing Address:	
23/3 W. LINEBOUGH AUE Tampa, FL 33612	2313 W. Line B. Tampa FL 3361	aush AUE
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own Fanother business entity with an active Florida registration	Registered Agent. You must designate a	an individual or
The name and the Florida street address of the registered a	agent are:	
Timothy 5 No	chols	
23/3 W. Linz Florida street address (P.O. Box		
Tampa	FL 33612	
Having been named as registered agent and to accept serve the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the oblication.  Chapte  Registered Agent's Signature.	the appointment as registered agent and fall statutes relating to the proper and egations of my position as registered age er 605, F.S	d agree to act in this complete performance
(CONTINUE	ED)	TSEC II TH
Page 1 of 2	,	15 MAR -3 PH SECRETARISHED

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	TIMOTHY S NICHOLS 2313 W. ZINEBUUGH AUE
	Tampa, FL 33612
(Use attachment if necessary)	
(Ose attachment if necessary)	
ective date is listed, the date must be sp of filing.)	e of filing: (OPTIONAL) pecific and cannot be more than five business days prior to or 90
ective date is listed, the date must be sp of filing.)	
ective date is listed, the date must be spot filing.)  E VI: Other provisions, if any.	
ective date is listed, the date must be spot filing.)  E VI: Other provisions, if any.	
REQUIRED SIGNATURE:  Signature of a me  (In accordance with section 60 constitutes an affirmation und I am aware that any false information in the section of the section o	
REQUIRED SIGNATURE:  Signature of a me  (In accordance with section 60 constitutes an affirmation und I am aware that any false information in the section of the section o	ember or an authorized representative of a member. 05.0203 (1) (b), Florida Statutes, the execution of this document ler the penalties of perjury that the facts stated herein are true. rmation submitted in a document to the Department of State
REQUIRED SIGNATURE:  Signature of a me  (In accordance with section 60 constitutes an affirmation und I am aware that any false infor constitutes a third degree felor	ember or an authorized representative of a member. 05.0203 (1) (b), Florida Statutes, the execution of this document ler the penalties of perjury that the facts stated herein are true. rmation submitted in a document to the Department of State my as provided for in s.817.155, F.S.)  Typed or printed name of signee  Filing Fees:
REQUIRED SIGNATURE:  Signature of a me (In accordance with section 60 constitutes an affirmation und I am aware that any false infor constitutes a third degree felor  \$125.00 Filing Fee for Articles of Or \$ 30.00 Certified Copy (Optional)	ember or an authorized representative of a member. 05.0203 (1) (b), Florida Statutes, the execution of this documer the penalties of perjury that the facts stated herein are true. rmation submitted in a document to the Department of State ny as provided for in s.817.155, F.S.)  Typed or printed name of signee  Filing Fees: rganization and Designation of Registered Agent
VI: Other provisions, if any.  EQUIRED SIGNATURE:  Signature of a me (In accordance with section 60 constitutes an affirmation und I am aware that any false infor constitutes a third degree felor  Timo	ember or an authorized representative of a member. 05.0203 (1) (b), Florida Statutes, the execution of this document er the penalties of perjury that the facts stated herein are true. rmation submitted in a document to the Department of State ny as provided for in s.817.155, F.S.)  Typed or printed name of signee  Filing Fees: rganization and Designation of Registered Agent