## U5000013202

(Re	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	me)
(Do	ocument Number)	<del> </del>
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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TENERAL PORTE

T SCHROEPER 4.27.15

## COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJI	ECT: PADRINO CIGAR COMPANY LLC Name of Limite	ed Liability Company '
	nclosed Articles of Organization and fee(s) are s	<del>-</del>
Please	return all correspondence concerning this matter	er to the following:
	German Rivera	Name of Person
	Padrino's Fine Cigars LLC	Firm/Company
	10524 Moss Park Rd Ste 204-723	Address
	·	/State and Zip Code
gr	rivera@padrinosfinecigars.com E-mail address: (to be used fo	or future annual report notification)
	rther information concerning this matter, please	
<u> </u>	Name of Person at (4)	rea Code Daytime Telephone Number
_	Certificate of Status	□\$155.00 Filing Fee & □\$160.00 Filing Fee, Certified Copy additional copy is enclosed)  □\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	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

A DOTTICE E. A. N.	
ARTICLE 1 - Name: The name of the Limited Liability Company is:	
PADRINO CIGAR COMPANY LLC  (Must end with the words "Limited")	Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal of	
Principal Office Address:	Mailing Address:
10524 Moss Park Rd, Ste 204-723 Orlando, FL 32832	10524 Moss Park Rd. Ste 204-723 Orlando, FL 32832
ARTICLE III - Registered Agent, Registered Office, of The Limited Liability Company cannot serve as its own another business entity with an active Florida registration. The name and the Florida street address of the registered	Registered Agent. You must designate an individual or n.)
German Rivera	
Name	<del></del>
10524 Moss Park, Rd. Ste 204 Florida street address (P.O. Box	
Orlando	FL 32832
City	Zip
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 obl	vice of process for the above stated limited liability company of the appointment as registered agent and agree to act in this of all statutes relating to the proper and complete performance ligations of my position as registered agent as provided for in er 605, F.S
Registered Agent's Signat	ture (REQUIRED)
(CONTINUI	
Page 1 of 2	

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	German Rivera
	10524 Moss Park Rd. Ste 204-723
	Orlando, FL 32832
(Use attachment if necessary)	
ctive date is listed, the date must be spec f filing.)	of filing: (OPTIONAL)  cific and cannot be more than five business days prior to or 90 d
ective date is listed, the date must be specifiling.)	of filing: (OPTIONAL) cific and cannot be more than five business days prior to or 90 d
E V: Effective date, if other than the date of ective date is listed, the date must be specifiling.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:	of filing: (OPTIONAL) cific and cannot be more than five business days prior to or 90 d
ective date is listed, the date must be specif filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:	cific and cannot be more than five business days prior to or 90 d
REQUIRED SIGNATURE:  Signature of a men (In accordance with section 605 constitutes an affirmation under I am aware that any false inform	nber or an authorized representative of a member.  1.0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true. The penalties of perjury that the Department of State as provided for in s.817.155, F.S.)
REOUIRED SIGNATURE:  Signature of a men (In accordance with section 605 constitutes an affirmation under I am aware that any false inform constitutes a third degree felony	nber or an authorized representative of a member.  .0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true. nation submitted in a document to the Department of State as provided for in s.817.155, F.S.)
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Signature of a men (In accordance with section 605 constitutes an affirmation under I am aware that any false inform constitutes a third degree felony  S125.00 Filing Fee for Articles of Orga \$ 30.00 Certified Copy (Optional)	nber or an authorized representative of a member.  1.0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true. In a provided for in s.817.155, F.S.)  ERMAL RIVERA  Typed or printed name of signee  Filing Fees:  Anization and Designation of Registered Agent
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ARTICLE IV-