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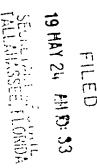
| (Requ                      | uestor's Name) |             |
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| PICK-UP                    | MAIT           | MAIL        |
| (Busi                      | ness Entity Na | me)         |
| (Docu                      | ıment Number)  | )           |
| Certified Copies           | Certificate    | s of Status |
| Special Instructions to Fi | ling Officer:  |             |
|                            |                |             |
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Office Use Only



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N CULLIGAN
JUN 6 2019

## COVER LETTER

| 10:               | Division of Corporations   |   |
|-------------------|--|---|
| SUBJEC            | GP Smoke Shop, LLC   |   |
| (A.1)./12.        |  | ne of Limited Liability Company   |
| The encl          | losed Articles of Organization and   | fee(s) are submitted for filing.  |
| Please re         | eturn all correspondence concernin   | ig this matter to the following:  |
|                   | Lorraine Vitello   |   |
|                   |  | Name of Person  |
|                   |  | Firm/Company  |
|                   | 1 Seafarer Ct  |   |
|                   |  | Address   |
|                   | Palm Coast, FL 32164   |   |
|                   | lorrainejoe1@verizon.net   | City/State and Zip Code   |
|                   | E-mail address: (to  | be used for future annual report notification)  |
| For further       | r information concerning this matte  | er, please cuff;  |
|                   | Lorraine Vitello   | 716 602-0090<br>_at ()  |
|                   | Name of Person   | Area Code Daytime Telephone Number  |
| Enclosed          | is a check for the following amou  | int:  |
| <b>]</b> \$125.00 | Filing Fee \$130.00 Filing F Certificate of St   | S155.00 Filing Fee & S160.00 Filing Fee, Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed) |
|                   | Mailing Address  New Filing Section  Division of Corporations P.O. Box 6327  Tallahassee, FL 32314 | Street Address  New Filing Section  Division of Corporations  Clifton Building  2661 Executive Center Circle                          |

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

| (Must c  | contain the words "Limited Liability Co  | ompany, "L.L.C.," or "LLC.")   | <del></del> -                                      |
|--|--|--|--|
| ARTICLE II - Address:  |  |  |  |
| The mailing address and stre                                 | et address of the principal office of the  | Limited Liability Company is:  |  |
| <u>Prin</u>  | rcipal Office Address:   | Mailing Address:   |  |
| 2987 Bellevue A  | venue Ext  |  |  |
| Main 54  |  | _  |  |
| <u>Daytona Beach, I</u>                                      | FL 32124   |  | <del></del>  |
| The Limited Liability Comp                                   | Agent, Registered Office, & Register any cannot serve as its own Registered  | red Agent's Signature:<br>I Agent. You must designate an individual or | <del></del>  |
| (The Elimited Liability Comp<br>another business entity with | oany cannot serve as its own Registered an active Florida registration.)   | Agent. You must designate an individual or                             |  |
| (The Elimited Liability Comp<br>another business entity with | any cannot serve as its own Registered   | Agent. You must designate an individual or                             | 19 F   |
| (The Elimited Liability Comp<br>another business entity with | oany cannot serve as its own Registered an active Florida registration.)   | Agent. You must designate an individual or                             | 19 HAY   |
| (The Elimited Liability Comp<br>another business entity with | oany cannot serve as its own Registered an active Florida registration.) eet address of the registered agent are:  | Agent. You must designate an individual or                             | 19 HAY 24  |
| (The Elimited Liability Comp<br>another business entity with | any cannot serve as its own Registered an active Florida registration.)  eet address of the registered agent are:  Lorraine Vitello                      | Agent. You must designate an individual or                             | 11 E   |
| (The Elimited Liability Comp<br>another business entity with | nany cannot serve as its own Registered an active Florida registration.)  eet address of the registered agent are:  Lorraine Vitello  Name               | Agent. You must designate an individual or                             | 11 E   |
| (The Elimited Liability Comp<br>another business entity with | any cannot serve as its own Registered an active Florida registration.)  eet address of the registered agent are:  Lorraine Vitello  Name  1 Seatarer Ct | Agent. You must designate an individual or NOT acceptable)             | FILED<br>19 HAY 24 PM D: 33<br>SECHELIZED FI GRADA |

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 605, F.S.

(CONTINUED)

| If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not ument's effective date on the Department of State's records.   | Title:   | Name and Address:  |
|--|--|--|
| Use attachment if necessary)  E. V: Effective date, if other than the date of filing:  [Lorraine Vitello 1 Seafarer Ct Palm Coast, FL 32164  [Coast, FL 32164]  [Coas |  |  |
| Use attachment if necessary)  LE V: Effective date, if other than the date of filing:  |  |  |
| (Use attachment if necessary)  LE V: Effective date, if other than the date of filing:   | MGR  |  |
| (Use attachment if necessary)  LE V: Effective date, if other than the date of filing:   |  |  |
| (Use attachment if necessary)  LE V: Effective date, if other than the date of filing:   |  | Palm Coast, FL 32164   |
| (Use attachment if necessary)  LE V: Effective date, if other than the date of filing:   |  |  |
| (Use attachment if necessary)  LE V: Effective date, if other than the date of filing:   |  |  |
| (Use attachment if necessary)  LE V: Effective date, if other than the date of filing:  [COPTIONAL]  fective date is listed, the date must be specific and cannot be more than five business days prior to or 90 of filing.)  f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not ment's effective date on the Department of State's records.   |  |  |
| (Use attachment if necessary)  E. V: Effective date, if other than the date of filing:  [COPTIONAL]  fective date is listed, the date must be specific and cannot be more than five business days prior to or 90 of filing.)  f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not sment's effective date on the Department of State's records.  |  |  |
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| (Use attachment if necessary)  E.V.: Effective date, if other than the date of filing:  [fective date is listed, the date must be specific and cannot be more than five business days prior to or 90 of filing.)  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not sment's effective date on the Department of State's records.   |  |  |
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| J.E.V: Effective date, if other than the date of filing:   |  |  |
| LE V: Effective date, if other than the date of filing:  |  |  |
| LE V: Effective date, if other than the date of filing:  |  |  |
| J.E.V: Effective date, if other than the date of filing:   |  | <u></u>  |
| E.V: Effective date, if other than the date of filing:   |  |  |
|  | •  | of filing:   |
| LE VI: Other provisions, if any.   | TLE V: Effective date, if other than the date ffective date is listed, the date must be speed filling.) If the date inserted in this block does not n  | ecific and cannot be more than five business days prior to or 90<br>neet the applicable statutory filing requirements, this date will not  |
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| Laure Vitello  | LE V: Effective date, if other than the date Tective date is listed, the date must be specifiling.) If the date inserted in this block does not nument's effective date on the Department of LE VI: Other provisions, if any.  REOURED SIGNATURE:  | ecific and cannot be more than five business days prior to or 90 neet the applicable statutory filing requirements, this date will not of State's records.   |
| Signature of a member or an authorized representative of a member.   | LE V: Effective date, if other than the date ffective date is listed, the date must be special filing.)  If the date inserted in this block does not nument's effective date on the Department of LE VI: Other provisions, if any.  REOURED SIGNATURE:   | ecific and cannot be more than five business days prior to or 90 meet the applicable statutory filing requirements, this date will not of State's records.   **Description**  ** |
| Signature of a member or an authorized representative of a member.  This document is executed in accordance with section 605,0203 (1) (b). Florida Statutes  | LE V: Effective date, if other than the date ffective date is listed, the date must be special filing.)  If the date inserted in this block does not nument's effective date on the Department of LE VI: Other provisions, if any.  REOURED SIGNATURE:  Signature of a me This document is execut  | meet the applicable statutory filing requirements, this date will not of State's records.  Dutuble  where or an authorized representative of a member, ed in accordance with section 605,0203 (1) (b). Florida Statutes  |
| Signature of a member or an authorized representative of a member.  This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.  I am aware that any false information submitted in a document to the Department of State   | LE V: Effective date, if other than the date ffective date is listed, the date must be special filing.)  If the date inserted in this block does not nument's effective date on the Department of LE VI: Other provisions, if any.  REOURED SIGNATURE:  Signature of a me This document is execut am aware that any false  | meet the applicable statutory filing requirements, this date will not of State's records.  The property of a member of a member of an authorized representative of a member of an authorized representative of a member of an accordance with section 605.0203 (1) (b), Florida Statutes, and in accordance with section 605.0203 (1) (b) and the property of State of the Department of the Departmen |
| Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.  | LE V: Effective date, if other than the date fective date is listed, the date must be specifiling.)  If the date inserted in this block does not nument's effective date on the Department of LE VI: Other provisions, if any.  REOURED SIGNATURE:  Signature of a me This document is execut I am aware that any false constitutes a third degree.  | meet the applicable statutory filing requirements, this date will not of State's records.  The applicable statutory filing requirements, this date will not of State's records.  The applicable statutory filing requirements, this date will not of State's records.  The applicable statutory filing requirements, this date will not of State's records.  The applicable statutory filing requirements, this date will not of State in accordance with section 605.0203 (1) (b), Florida Statutes, information submitted in a document to the Department of State is felony as provided for in s.817.155, F.S.  |
| Signature of a member or an authorized representative of a member.  This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.  That aware that any false information submitted in a document to the Department of State   | LE V: Effective date, if other than the date fective date is listed, the date must be spoof filing.) If the date inserted in this block does not nument's effective date on the Department LE VI: Other provisions, if any.  REOURED SIGNATURE:  Signature of a me This document is execut I am aware that any false constitutes a third degree.   | meet the applicable statutory filing requirements, this date will not of State's records.  The applicable statutory filing requirements, this date will not of State's records.  The applicable statutory filing requirements, this date will not of State's records.  The applicable statutory filing requirements, this date will not of State's records.  The applicable statutory filing requirements, this date will not of State in accordance with section 605.0203 (1) (b), Florida Statutes, information submitted in a document to the Department of State is felony as provided for in s.817.155, F.S.  |

Filing Fees:

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

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)