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To:

Division of Corporations

3052201440

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019 : (305)552-5973 Phone

: (305)675-5944 Fax Number

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## FLORIDA PROFIT/NON PROFIT CORPORATION THE TERRIBLE CIGAR CLUB LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
THE TERRIBLE CIGAR CLUB LLC	
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:	y
1952 Aspen Lane	_
1952 Aspen Lane Weston PL 33327	
	;5
ARTICLE III - Registered Agent, Registered Office:	
The name and the Florida street address of the registered agent are: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity	·5
Wigel Shola Andre Reo-Coker	
1952 Aspen Lane	
Weston FZ 33327	
ARTICLE IV The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMBR)  Graciela Cabezas AMBR	
Nigel Shola Andre Reo-Coker	AMBA
	<del></del>

## Required Signatures:

3052201440

Signature of a member or an authorized representative of a member.

In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated lerein are true. 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.

Shola Andre Reo- Coker

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..

Registered Agent's Signature (REQUIRED)