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COVER LETTER

TO: New Filing Section Division of Corporations		* *
SUBJECT: MARINE TOBAC Name of Limit	CCO たんC ted Liability Company	
The enclosed Articles of Organization and fee(s) are	submitted for filing.	
Please return all correspondence concerning this mat	ter to the following:	
YVONNE MATTHE	Name of Person	<u> </u>
	Firm/Company	
12795 SW 34Th PX	ACÉ Address	
DAVIE FLORIDA	33330 ty/State and Zip Code	
YON LAW @ BELL. E-mail address: (to be used to	SOUTH • MET for future annual report notificati	
For further information concerning this matter, please	call:	
YYONNE MATTHEWS at (9)	7 <u>54-</u>) <u>536 12.</u>	2.0
	ea Code Daytine retemble	Citamoei
Enclosed is a check for the following amount:		/
□\$125.00 Filing Fee □\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	ES160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address	Street Address	

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

MARINE (Must cont	TOBACCO L ain the words "Limited L	LんC iability Company, "L.L.C	C.," or "LLC.")	 		
ARTICLE II - Address: The mailing address and street a	ddress of the principal of	fice of the Limited Liabil	iity Company is:			
<u>Princip</u>	al Office Address:		Mailing Address:	:		
<u> 12195 S</u> S <u>DAVIK F</u>	N 34 TPLACE FORIDA 3333	1279 DAYI	15 SW 34	PIACE 9 333:	30·	
ARTICLE III - Registered Ag (The Limited Liability Company another business entity with an The name and the Florida street	cannot serve as its own F active Florida registration address of the registered a	Registered Agent. You m) agent are:	ust designate an individ	SECRETARY OF STATE TALLAHASSEE, FLORID,	2021 DEC 14	
	TYDIYME	MATTHEWS Name	<u> </u>	M.S		
				71 (S)	AM 11: 20	TU
		34th PLACE		OR!		•
	Florida street address	(P.O. Box NOT acceptal	ble)	A B	20	
	DAYIE	FLORIDA State	<i>33330</i>			
	City	State	Zip			
Having been named as registered of place designated in this certificate, further agree to comply with the place.	I hereby accept the appoi	intment as registered agei	nt and agree to act in th	is capacity.	I	

(CONTINUED)

Registered Agent's Signature (REQUIRED)

am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605. F.S..

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MANAGER	JYOHHE MATTHEWS.
	12795 SW 34T PLACE DAVIE FLORIDA 33330
	7 2
	5E
	<u></u>
	ASS.
	
	FES: D
	O
If an effective date is listed, the date must be sthe date of filing.)	te of filing: <u>JANUARY</u> ST 202Z (OPTIONAL) specific and cannot be more than five business days prior to or 90 days after t meet the applicable statutory filing requirements, this date will not be listed as at of State's records.
ARTICLE VI: Other provisions, if any.	
This document is exec	nember or an authorized representative of a member. Ented in accordance with section 605.0203 (1) (b), Florida Statutes. Use information submitted in a document to the Department of State
I am aware that any fal	

Filing Fees:

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

YYDNNE MATTHEWS.

Typed or printed name of signee

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)