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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : MARY G STEWART CPA PA
Account Number : I20080000065
Phone : (941)258-3191
Fax Number : (941)258-3192

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: Mary@PtCharlotteCPA.com

**FLORIDA LIMITED LIABILITY CO.
TINA SHIVA TOBACCO LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
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DEC 20 2021

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**ARTICLES OF ORGANIZATION
OF
TINA SHIVA TOBACCO, LLC**

● **ARTICLE 1 – NAME**

The name of the Limited Liability Company is TINA SHIVA TOBACCO, LLC,
(hereinafter referred to as "Limited Liability Company")

● **ARTICLE 2 – ADDRESS**

The mailing address and street address of the principal office of this Limited Liability
Company shall be:

3101 Port Charlotte Blvd, Port Charlotte, FL 33952

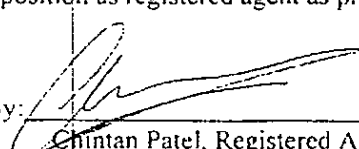
● **ARTICLE 3 – REGISTERED OFFICE AND REGISTERED AGENT**

The name and street address of the registered agent of this Limited Liability Company is:

Chintan Patel
3101 Port Charlotte Blvd.
Port Charlotte, FL 33952

**ACCEPTANCE OF REGISTERED AGENT DESIGNATED
IN ARTICLES OF ORGANIZATION**

Having been named as registered agent 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
am familiar with and accept the obligations of my position as registered agent as provided for in
Chapter 608, F.S..

By: 
Chintan Patel, Registered Agent

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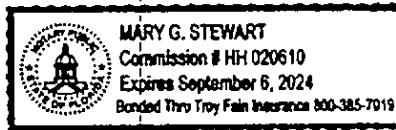
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State of Florida
County of Charlotte

The foregoing instrument was acknowledged before me this 17th day of December, 2021, by
Chintan Patel

Personally Known ✓ OR Produced Identification _____
Type of Identification Produced _____

Mary G Stewart
Notary Signature



• ARTICLE 4 – TITLE, NAME, AND ADDRESS OF ALL MANAGING MEMBERS

Chintan Patel
3101 Port Charlotte Blvd.
Port Charlotte, FL 33952

In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmatiON under the penalties of perjury that the facts stated herein are true.

By: [Signature]
Chintan Patel, Organizing Member

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