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Date: May 15, 2023 Attention Daniel O'Kieth

I am writing pursuant to a phone conversation that I had with an agent on May 8-2023. It came to my attention that I had incorrectly filed and paid for a FOR PROFIT Florida Corporation see Document ID P23000035226. I had intended to file for a LLC, however I did not see that it was incorrectly submitted as a for profit. Immediately thereafter, I attempted to complete a completed LLC filing under Document Number W23000065056 which was denied because of the name conflict I erroneously created by filing a for profit corporation. I contacted the Secretary of State Corporations Division and was informed that the first filing for the "for profit" corporation should not have been accepted by the designated agent for the Secretary of State Corporate Division because it had "LLC" in the title. The agent advised the following:

- 1. Send in a printed form for LLC filing (enclosed)
- 2. A letter to the attention of Daniel O'Kieth
- 3. A request to be refunded the 87.50 filing fees (Filing fee, registered agent, certified copy and certificate status)
- 4. Apply the refund to the LLC filing along with an enclosed check for \$42.50 (LLC filing, registered agent and certificate of status). Check Number 182 Enclosed

Thank you for making this correction. Please contact me at 503-929-6036 with any questions.

Regards,

David J Painter

2023 MAY 30 AN 4: 55

COVER LETTER

	w Filing Sec vision of Cor				
SUBJECT:	Good Leaf	Cigars LLC			
		Name	of Limited Lia	bility Company	
The enclose	d Articles of	Organization and fe	e(s) are submit	ted for filing.	
Please return	n all correspo	ondence concerning	this matter to th	ne following:	
	David J Pain	ter			
•			Name	of Person	
		Good	Leas Firm	Cicros L	LC
	1624 Gallow	ay Dr			
•			Ac	ddress	
	The Villages	s, FL 32163			
•		.,	City/State	and Zip Code	
	mokegle@gi		ne used for futu	 re annual report notificat	ion)
For further in		ncerning this matter			
1	Keshsmira E	ngineer	503 at (929-6036	
_	Name of Person		Area Code	Daytime Telephor	ne Number
Enclosed is	a check for ti	he following amoun	t:		
□S125.00 l	Filing Fee	ZS130.00 Filing Certificate of Sta	itus Cer	\$155.00 Filing Fee & tified Copy ional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		g Address		Street Address	
		iling Section on of Corporations		New Filing Section D The Centre of Tallah	
P.O. Box 6327 Tallahassee, FL 32314				2415 N. Monroe Stre Tallahassee, Fl. 3230	eet, Suite 810

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

Good Leaf Cigars LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Mailing Address:

1624 GALLOWAY DRIVE	1624 GALLOWAY DRIVE
The VIllages FL 32163	The Villages FL 32163
•	

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

David J Painter		
	Name	
1624 GALLOWAY D	RIVE	
Florida street address	(P.O. Box <u>NOT</u> ac	cceptable)
THE VILLAGES	FL	32163
City	State	Zip

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

(CONTINUED)

2023 MAY 30 AM 4: 55

ARTICLE IV-

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

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	DAVID I PAINTER 1624 C-GIDWAN DIME The VILLAGES, FLOCKIA 32/63
AMBR	KESHMIRA ENGINEER 1624 Galloway Drive The Villages, Florida 32163
(Use attachment if necessary)	
(If an effective date is listed, the date must be specified the specified of filing.)	c of filing: JUNE 17TH 2023 (OPTIONAL) pecific and cannot be more than five business days prior to or 90 days after meet the applicable statutory filing requirements, this date will not be listed at of State's records.
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	N
This document is execu	number or an authorized representative of a member, uted in accordance with section 605.0203 (1) (b), Florida Statutes.

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.

KESHMIRA ENGINEER

Typed or printed name of signce

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

ATT AHEAST OF WATER