Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**



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FLORIDA LIMITED LIABILITY CO. TIME PIECE CIGARS LLC

Certificate of Status	1
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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ARTICLE I - Name:	
The name of the Limited Linking	
The name of the Limited Liability Company is:	
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The mailing address and	
Company is:	
The mailing address and street address of the principal office of the Company is:	Limited Liability
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ARTICLE III - Registered Agent, Registered Office:	75. 22
The name and the Florida street address of the registered agent are: (Company cannot serve as its own Registered Agent. You must designate an individual or another but with an active Florida registration.)	£2 ≥
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with an active Florida its own Registered Agent. You must designee a with the agent are:	The Limited Lightling 55 5 0
Company cannot serve as its own Registered Agent. You must designate an individual or another bus with an active Florida registration.)	iness entity \
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ARTICLE IV	
The name and title of and	
Liability Community of each person authorized to manage and	
The name and title of each person authorized to manage and control the Liability Company: (MGR or AMBR)	ne Limited
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Alberto Sotolonzo:	
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AMBR)	
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EIN: 99-2444263

Required Signatures:

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 herein 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.

Typed or printed name of signee

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)