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(Requestor's Name)
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COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: Herring CigarS LLC Name of Limited Liability Company	-
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Scott Tann Name of Person	
Firm/Company	
3820 Castleberry Pr.	
runess	Z 0Z4 SI DEGA TAL
Tallahassce FL 32303 City/State and Zip Code tam Scott@ Grail-com	ZOZY SEP -3
E-mail address: (to be used for future annual report notification)	AM 9: 4 CUF STAT SSEE, FL
For further information concerning this matter, please call:	9: 47 STATE , FL
Scott Tana at (850) 273-0901 Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
Certificate of Status Certified Copy Certificate (additional copy is enclosed) Certified C	Filing Fee. e of Status & Copy opy is enclosed)

Mailing Address

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

Street Address 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 I - Name:	
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The name of the Limited Liability Company is:

Merring Cigars LLC."

(Must contain the words "Limited Hability 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:

Principal Office Address:

3820 Castleberry Or Tallahassee FC 32301

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: Scott Tann Name

Florida street address (P.O. Box NOT acceptable)

Tallahassee FL 32303

City State Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at she place designated in this certificate. I hereby accept the appointment as registered agent and agree to act in this capacity. further agree to comply with the provisions of all statutes relating to the proper and complete performance of my dulies, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.,

istered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IVThe name and address of each person authorized to manage and control the Limited Liability Company: Title: "AMBR" = Authorized Member "MGR" = Manager AMBR Jay thering 1526 Colfulation 1520 Co

ARTICLE VI: Other provisions, if any,

REQUIRED SIGNATURE;

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

This document is executed in accordance with section 605.0203 (1) (h), 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.

Typed or printed name of signed

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)