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Florida Department of State  
Division of Corporations  
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FLORIDA LIMITED LIABILITY CO.  
SMOKEY BEE SMOKE SHOP, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

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Second Request

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

Smokey Bee Smoke Shop, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

5634 SW 102ND AVE

Miami, FL 33173

**Mailing Address:**

5634 SW 102ND AVE

Miami, FL 33173

**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:

Name

Leonardo M Gonzalez

Florida Street address (P.O. Box **NOT** acceptable)

5634 SW 102ND AVE

Miami

FL

33173

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 provide for in chapter 605, F.S.*

Registered Agent's Signature (REQUIRED)

(CONTINUED)

605.0

**ARTICLE IV –**

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

**Title:****Name and Address:****"AMBR" = Authorized Member****"MGR" = Manager**

AMBR

Leonardo M Gonzalez

5634 SW 102ND AVE

Miami, FL 33173

605.0

(Use attachment if necessary)

**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) (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.

Leonardo M. Gonzalez  
Name of Signature

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