

# L 96000601253

LAZARUS CORPORATE INDUSTRIES, INC.

Requestor's Name

890 S.W. 87 AVENUE SUITE 10

Address

MIAMI, FLORIDA 33174 (305)552-5973

City/State/Zip

Phone #

LOCAL REPRESENTATIVE TALLAHASSEE

500002018355--S

-12/03/96--01130--016

\*\*\*285.00 \*\*\*285.00

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. HAVANA CIGARS, L.C.  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

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96 DEC -2 PM 3:06  
TALLAHASSEE, FLORIDA

☒ Walk in

☒ Pick up time 2:00

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

RECEIVED  
96 NOV 27 AM 11:27  
DIVISION OF CORPORATION

NOV 27 1996 BSB  
308  
W96-25085



**FLORIDA DEPARTMENT OF STATE**  
**Sandra B. Morthum**  
Secretary of State

November 27, 1996

**LAZARUS CORPORATE INDUSTRIES, INC.**  
**890 S.W. 87 AVENUE**  
**SUITE 16**  
**MIAMI, FL 33174**

**SUBJECT: HAVANA CIGARS, L.C.**  
**Ref. Number: W96000025085**

We have received your document for HAVANA CIGARS, L.C. and check(s) totaling \$285.00. However, your check(s) and document are being returned for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of an entity name **DOES NOT** constitute a difference. Please select a new name and make the substitution in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

When the document is resubmitted, please return a copy of this letter to ensure that your document is properly handled.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-0925.

Brenda Baker  
Corporate Specialist

Letter Number: 496A00053798

ARTICLE OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I-NAME**

*The name of the Limited Liability Company is:*

LITTLE HAVANA CIGARS, L.C.

**ARTICLE II-ADDRESS**

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

15505 BULL RUN ROAD, SUITE 302  
MIAMI LAKES, FLORIDA 33014

**ARTICLE III-DURATION**

*The period of duration for the Limited Liability Company shall be:*

PERPETUAL

**ARTICLE IV- MANAGEMENT**

*The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:*

JULIO LASSALES: 15505 Bull Run Road, #302 Miami Lakes Fl 33014  
FERNANDO OBALLE: 15505 Bull Run Road, #302 Miami Lakes Fl 33014  
MANUEL IRIBAR: 15505 Bull Run Road, #302 Miami Lakes Fl 33014  
JORGE IRIBAR: 15505 Bull Run Road, #302 Miami Lakes Fl 33014  
JOVAN RIOTTI: 15505 Bull Run Road, #302 Miami Lakes Fl 33014

**ARTICLE V- ADMISSION OF ADDITIONAL MEMBERS:**

The members may admit additional Members with the approval of the Managing Members and of a majority of the Members, on such terms and conditions as may be approved by the Managing members, a majority of the Members and the additional Members to be admitted.

**ARTICLE VI- MEMBERS RIGHTS TO CONTINUE BUSINESS:**


The remaining Members of LITTLE HAVANA CIGARS, L.C. have the right to continue the business upon the death, retirement, resignation, expulsion, bankruptcy or dissolution of a Member or the occurrence of any other event which terminates the continued Membership of a Member in LITTLE HAVANA CIGARS, L.C.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

The undersigned member or authorized representative of a member of LITTLE  
HAVANA CIGARS, L.C. deposes and says:

- 1) the above named limited liability company has at least two members
- 2) the total amount of cash contributed by the member(s) is \$ 2,000<sup>00</sup>
- 3) if any, the agreed value of property other than cash contributed by member(s) is  
\$ \_\_\_\_\_. A description of the property is attached and made a part hereto.
- 4) the total amount of cash or property anticipated to be contributed by member(s) is  
\$ 2,000. This total includes amounts from 2 and 3 above.

  
Signature of a member or authorized representative of a member.  
(In accordance with section 605.406(3), Florida Statutes, the execution of this affidavit  
constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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FILING FEE: \$ 250 for Articles of Organization and Affidavit

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: LITTLE HAVANA CIGARS, L.C.

2. The name and address of the registered agent and office is:

JOVAN RIOTTI  
(Name)  
15505 BULL RUN ROAD, Suite 302  
(P.O. Box and acceptable)  
Miami Lakes, FL 33014  
(City/State/Zip)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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.

[Signature] 11/26/96  
(Signature) (Date)

**FILING FEE: \$ 35 for Designation of Registered Agent**