

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:



500306229925

12/01/17--01015--012 **125.00

TILLU 2010 JAN II A II: 39

Office Use Only

D. SCOTT JAN 11 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 4, 2017

WILLIAM MCQUAIN 928 GARRETT ST #201 ATLANTA, GA 30316

SUBJECT: GOOD CIGAR COMPANY LLC

Ref. Number: W17000095729

We have received your document for GOOD CIGAR COMPANY LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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 (850) 245-6051.

Dionne M Pijeaux Regulatory Specialist

Letter Number: 217A00024374

RECEIVED

JAN, 1 1 2018

www.sunbiz.org

COVER LETTER

	Registration Section Division of Corporations				
SUBJEC	Good Cigar Company LLC				
SOBSEC		Limited Liability C	Company	-	
The enclo	osed "Application by Foreign Limited Liability Comp , and check are submitted to register the above refere	eany for Authorizatenced foreign limit	tion to Transact Busir ed liability company t	ness in Florida," C o transact busines	ertificate of s in Florida.
Please ret	turn all correspondence concerning this matter to the	following:		1	
	William McQuain				
	Ni	ame of Person	-		
	Good Cigar Company LLC				
Firm/Company					
	928 Garrett St. #201		<u>. </u>		
Address					
	Atlanta, GA 30316			2018 JAN	
	City/S	tate and Zip Code			
	will@goodcigar.co				!
	E-mail address: (to be used	for future annual	report notification)	<u> </u>	
For furth	er information concerning this matter, please call:				
	Andrew Trafford	614 at (580-8225	∌ Ω >> Ω	
	Name of Contact Person	Area Code	Daytime Teleph	none Number	
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314		STREET ADDRESS Division of Corporat Registration Section Clifton Building 2661 Executive Cent Tallahassee, FL 3236	ions ier Circle	
Enclosed	is a check for the following amount: \$\forall \$125.00\$ Filing Fee \$\to \text{Certificate of Status}\$	S155.00 Filin Certified Copy	g Fee & S160.0 of Status	00 Filing Fee, Cert & Certified Copy	ificate

APPLICATION BY FOREIGN LIMITED MABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Delaware	th foreign limited liability company is organized) (Date first transacted business in Florida, if p (See sections 005 0904 & 605 0905, F.S. to		ruted Liability Company, ""L.L.C," or "LLC.") FEI number, if applicable)
Delaware (Jurisdiction under the law of which	ch foreign limited liability company is organized)	3. 81-3518832	
(Jurisdiction under the law of white			FEI number, if applicable)
(Jurisdiction under the law of white			FEI number, if applicable)
928 Carrett St. #201	(Date first transacted business in Florida, if p		
928 Carrett St. #201	(Date first transacted business in Florida, if p		
928 Garrett St. #201	(Date hist transacted business in transaction)	Street to market to the	
928 Carrett St. #201	(See sections 605 0904 & 600 0900, 1.5 to	determine penalty liability)	
720 Canca Su Regi		6. 928 Garrett St. #201	
(Street Address of Pri	ncipal Office)	— (M	iling Address)
Atlanta, GA 30316		Atlanta, GA 30316	
	<u> </u>		
			30 <u> </u>
Name and street address of	of Florida registered agent: (P.O.	Box NOT acceptable)	
		. Donucceptuble)	
Name:	Ваггу Craig		
,	2010 look allo Dlad	.	
Office Address:	2910 Isabella Blvd		to a sign of the s
	Jacksonville Beach	EL 1 3225	35- 51
•	(Ciry)	, Florida <u>3225</u>	(Zip code)
	of my position as reelitered agen		of my duties, and I am familiar
a accept the obligations	of my position as resistered agen		of my duties, and I am familiar
a accept the obligations	Dam		of my duties, and I am familiar
	(Registered	ggent's signature)	 :
. The name, title or capac	(Registered)	gent's signature) tho has/have authority to manage is	/are:
The name, title or capac Title or Capacity:	city and address of the person(s) w Name and Address:	gent's signature) the has/have authority to manage is Title or Capacity:	/are: Name and Address:
The name, title or capac	city and address of the person(s) w Name and Address: William McQuain	gent's signature) tho has/have authority to manage is	/are: Name and Address: Andrew Trafford
The name, title or capac Title or Capacity:	city and address of the person(s) w Name and Address: William McQuain 928 Garrett St. #201	gent's signature) the has/have authority to manage is Title or Capacity:	/are: Name and Address: Andrew Trafford 625 Scott St. #202
The name, title or capacity:	city and address of the person(s) w Name and Address: William McQuain	gent's signature) the has/have authority to manage is Title or Capacity:	/are: Name and Address: Andrew Trafford
The name, title or capacity:	city and address of the person(s) w Name and Address: William McQuain 928 Garrett St. #201	gent's signature) the has/have authority to manage is Title or Capacity:	/are: Name and Address: Andrew Trafford 625 Scott St. #202
The name, title or capacity:	city and address of the person(s) w Name and Address: William McQuain 928 Garrett St. #201	gent's signature) the has/have authority to manage is Title or Capacity:	/are: Name and Address: Andrew Trafford 625 Scott St. #202
The name, title or capacity:	city and address of the person(s) w Name and Address: William McQuain 928 Garrett St. #201	gent's signature) the has/have authority to manage is Title or Capacity:	/are: Name and Address: Andrew Trafford 625 Scott St. #202
The name, title or capacity:	city and address of the person(s) w Name and Address: William McQuain 928 Garrett St. #201 Atlanta, GA 30316	gent's signature) the has/have authority to manage is Title or Capacity:	/are: Name and Address: Andrew Trafford 625 Scott St. #202

Typed or printed name of signee

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "GOOD CIGAR COMPANY LLC" IS DULY FORMED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS

OF THE NINTH DAY OF JANUARY, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GOOD, CIGAR COMPANY LLC" WAS FORMED ON THE TWENTY-FOURTH DAY OF MARCH, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

2010 JAN 11 A 11: 35

Authentication: 201938719

Date: 01-09-18

5997412 8300

SR# 20180133965