

Florida Department of State
Division of Corporations
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Division of Corporations
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Account Name : TRENAM, KEHKER, SCHARF, BARKIN, FRYE, O'NEILL & MULLIS, P.A.
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: tgood@trenam.com

2022 JUL 26 PM 1:39

Foreign Limited Liability Company
Cigars Direct Lounge, LLC

Certificate of Status	0
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STATE
TALLAHASSEE, FLORIDA

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Corporate Filing Menu

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T. LEMIEUX
JUL 27 2022

APPLICATION BY FOREIGN LIMITED LIABILITY 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:

1. Cigars Direct Lounge, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Delaware
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(FEI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 601.0904 & 601.0903, F.S. to determine penalty liability)

5. 3507 Bayshore Boulevard
(Street Address of Principal Office)

6. 3507 Bayshore Boulevard
(Mailing Address)

Unit 2401

Unit 2401

Tampa, FL 33629

Tampa, FL 33629

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

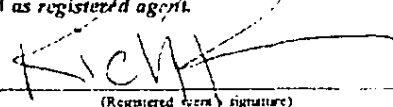
Name: TK Registered Agent, Inc.

Office Address: 101 E. Kennedy Boulevard, Suite 1700

Tampa, Florida 33602
(City) (Zip code)

Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(Registered agent's signature)

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TAMPA, FL

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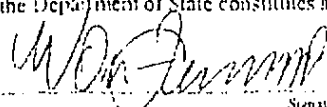
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage (up to six (6) total):

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
☒ Manager	Name: Cigars Direct Lounge Management, LLC	☐ Manager	Name: _____
☐ Member	Address: 3507 Bayshore Boulevard	☐ Member	Address: _____
☐ Authorized	Unit 2401	☐ Authorized	_____
Person	Tampa, FL 33629	Person	_____
☐ Other	_____	☐ Other	_____
☐ Manager	Name: _____	☐ Manager	Name: _____
☐ Member	Address: _____	☐ Member	Address: _____
☐ Authorized	_____	☐ Authorized	_____
Person	_____	Person	_____
☐ Other	_____	☐ Other	_____
☐ Manager	Name: _____	☐ Manager	Name: _____
☐ Member	Address: _____	☐ Member	Address: _____
☐ Authorized	_____	☐ Authorized	_____
Person	_____	Person	_____
☐ Other	_____	☐ Other	_____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. 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.



Signature of an authorized person

William Ferriolo, Manager of Cigars Direct Lounge Management, LLC

Typed or printed name of signer

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Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CIGARS DIRECT LOUNGE, 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 TWENTY-SECOND DAY OF JULY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CIGARS DIRECT LOUNGE, LLC" WAS FORMED ON THE FIFTEENTH DAY OF JULY, A.D. 2022.

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



6915747 8300

SR# 20223063968

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 203987646

Date: 07-22-22