

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

12 APR 30 PM 2: 23

SECRETARY OF STATE STATE OF IDAHO

. The name of the limited liabilit	ty company is:	STATE OF IDAMO	
	otus Electronic Cigarettes.	LLC	
2. The complete street and mailir 567 Two Rivers Eagle Id, 83616	ng addresses of the in	itial designated office:	
(Street Address)			
(Mailing Address, if different than street add	dress)		
3. The name and complete stree	t address of the regist	ered agent:	
Jason Lobato	567 Two Rivers E	agle Id, 83616	
(Name)	(Street Address)		
 The name and address of at le company: 	east one member or m	anager of the limited liability	
<u>Name</u>		<u>Address</u>	
Jason Lobato	567 Two Rivers Eagle Id, 83616		
Mailing address for future correlation	espondence (annual r	eport notices):	
567 Two Rivers Eagle Id, 83616			
	0 D		
6. Future effective date of filing (optional):	 	
Signature of a manager, memb	er or authorized		
person.	/	Secretary of State use only	
Signature			
Typed Name: Jason Lobato			
		IDAHO SECRETARY OF STATE 04/30/2012 05:00	
Signature		CK: CASH CT: 269889 BH: 1322882 1 8 160.00 = 100.00 ORGAN LLC # 2	
Typed Name:		1 £ 100.00 - 100.00 CVOWS FFC & C	

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