

P14000015450

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

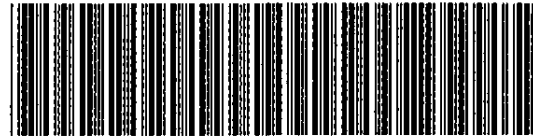
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200256842402

02/18/14--01034--010 **78.75

FILED
SECRETARY of STATE
DIVISION OF CORPORATIONS
2014 FEB 18 AM 2:05

VH

COVER LETTER

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: Vapor Warriors, Inc.

(PROPOSED CORPORATE NAME – **MUST INCLUDE SUFFIX**)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$70.00 Filing Fee
 \$78.75 Filing Fee & Certificate of Status

\$78.75 Filing Fee & Certified Copy
 \$87.50 Filing Fee, Certified Copy & Certificate of Status

ADDITIONAL COPY REQUIRED

FROM: Beryl Stokes, CPA

Name (Printed or typed)

615 N 14th Street

Address

Leesburg, FL 34748

City, State & Zip

352-728-4779

Daytime Telephone number

stokecpa@gmail.com

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2014 FEB 18 AM 2:05

ARTICLE I NAME

The name of the corporation shall be: Vapor Warriors, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

17941 SE CR 452

Umatilla, FL 32784

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To engage in retail sales for profit.

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Mark Brooks Pres/Treas Name and Title: _____

Address 17941 SE CR 452 Address: _____

Umatilla, FL 32784 _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

(cont)

PHILIP
SECRETARY OF STATE
DIVISION OF CORPORATIONS

2014 FEB 18 AM 2:05

Name and Title: _____	Name and Title: _____
Address _____	Address: _____
_____	_____
_____	_____

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Beryl Stokes, CPA

Address: 615 N 14th Street
Leesburg, FL 34748

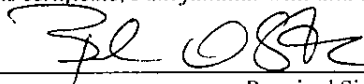
ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

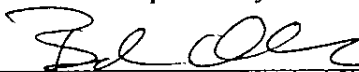
Name: Beryl Stokes, CPA

Address: 615 N 14th Street
Leesburg, FL 34748

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

 2/14/14
Required Signature/Registered Agent Date

I submit this document and affirm that the facts stated herein are true. I am aware that the 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.

 2/14/14
Required Signature/Incorporator Date