

F1500000 5392

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

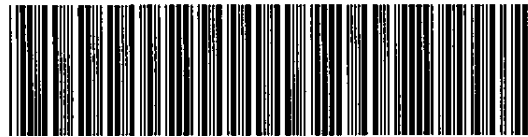
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

DEC 07 2015
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VAPORIZADORES, S.A.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

ROBERT TARABOULOS

Name of Person

KSDT & CO.

Firm/Company

9300 S DADELAND BLVD STE 600

Address

MIAMI, FL 33156

City/State and Zip code

RTARABOULOS@KSDT-CPA.COM

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

For further information concerning this matter, please call:

ROBERT TARABOULOS

at (305) 670 - 3370

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☒ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
15 DEC -7 PM 1:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

November 13, 2015

ROBERT TARABOULOS
KSDT & CO
9300 S DADELAND BLVD STE 600
MIAMI, FL 33156

SUBJECT: VAPORIZADORES, S.A.
Ref. Number: W15000074771

We have received your document for VAPORIZADORES, S.A. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

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.

Jenna D Harris
Regulatory Specialist II

Letter Number: 515A00024041

FILED
15 DEC -7 PM 3:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

VAPORIZADORES, S.A., Inc.

1. _____
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

PANAMA

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

09/23/14

"PERPETUAL"

4. _____ 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

01/01/2015

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

AVENIDA FEDERICO BOYD 51 PANAMA, PANAMA, PANAMA

7. _____
(Principal office address)

(Current mailing address, if different)

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

Name: STEVEN STANIMIROVIC

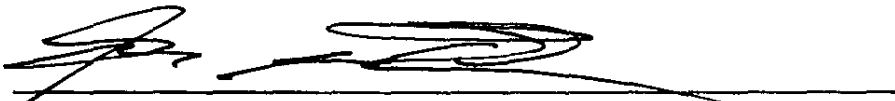
Office Address: 2941 NE 185TH ST #1303

AVENTURA, FL 33180
(City) , Florida (Zip code)

FILED
2015 DEC -7 PM 3:03
CLERK OF STATE
TALLAHASSEE FLORIDA

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation 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)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: RAMON GATEÑO ZAFRANI

Address: AVENIDA FEDERICO BOYD 51 PANAMA , PANAMA, PANAMA

Director: DAVID NESSIM ABADI PEREZ

Address: AVENIDA FEDERICO BOYD 51 PANAMA , PANAMA, PANAMA

B. OFFICERS

President: DAVID NESSIM ABADI PEREZ

Address: AVENIDA FEDERICO BOYD 51 PANAMA , PANAMA, PANAMA

Vice President: RAMON GATEÑO ZAFRANI

Address: AVENIDA FEDERICO BOYD 51 PANAMA , PANAMA, PANAMA

Secretary: RAMON GATEÑO ZAFRANI

Address: AVENIDA FEDERICO BOYD 51 PANAMA , PANAMA, PANAMA

Treasurer: SIMON MOISES ZEBEDE ABADI

Address: AVENIDA FEDERICO BOYD 51 PANAMA , PANAMA, PANAMA

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. _____

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.

13. DAVID NESSIM ABADI PEREZ Director

(Typed or printed name and capacity of person signing application)

ADDENDUM LISTING ADDITIONAL OFFICERS AND/OR DIRECTOR

VAPORIZADORES, S.A.

A. DIRECTORS

Director: SIMON MOISES ZEBEDE ABADI

Address: AVENIDA FEDERICO BOYD 51 PANAMA, PANAMA, PANAMA

*** T R A N S L A T I O N ***

PUBLIC REGISTRY OF PANAMA

SIGNED BY: EDUARDO ANTONIO

No. 223733

ROBINSON ORELLANA

DATE: 2015.07.07 17:13:49-15:00 (Signature-illegible)

PLACE: PANAMA, PANAMA

CERTIFICATE OF CORPORATE ENTITY

IN RESPECT OF REQUEST

293644/2015(0) DATED 07/07/2015

THE PUBLIC REGISTRY OF PANAMÁ CERTIFIES THAT:

VAPORIZADORES, S.A.

TYPE OF COMPANY: CORPORATION

- IS REGISTERED AT (MERCANTILE SECTION) PAGE NO. 844582 (S) SINCE
TUESDAY, SEPTEMBER 23, 2014
DATE: 17/09/2014
NUMBER: 12630
PROVINCE: PANAMA
NOTARY OFFICE: EIGHTH NOTARY PUBLIC'S OFFICE OF CIRCUIT
- IS IN GOOD STANDING
- ITS OFFICERS ARE:
SUBSCRIBER: GMS SERVICES, S. DE R.L.
SUBSCRIBER: LJB SERVICES, S. DE R.L.
DIRECTOR: RAMON GATEÑO ZAFRANI
DIRECTOR: DAVID NESSIM ABADI PEREZ
DIRECTOR: SIMON MOISES ZEBEDE ABADI
PRESIDENT: DAVID NESSIM ABADI PEREZ
VICEPRESIDENT: RAMON GATEÑO ZAFRANI
TREASURER: SIMON MOISES ZEBEDE ABADI
SECRETARY: RAMON GATEÑO ZAFRANI
RESIDENT AGENT: GALINDO, ARIAS Y LOPEZ
- THE LEGAL REPRESENTATION SHALL BE EXERCISED BY:
NOTWITHSTANDING THE DISPOSITIONS OF THE BOARD OF DIRECTORS,
THE LEGAL REPRESENTATION SHALL BE EXERCISED BY THE PRESIDENT.
IN HIS/HER ABSENCE, THE LEGAL REPRESENTATION SHALL BE
EXERCISED, IN THAT ORDER, BY THE VICEPRESIDENT, IF ANY, THE
TREASURER OR BY THE SECRETARY.
- ITS CAPITAL CONSISTS OF NO PAR VALUE SHARES:
THE CAPITAL IS REPRESENTED BY 500 NO PAR VALUE SHARES. THE
SHARE CERTIFICATES SHALL BE ISSUED IN NOMINATIVE FORM.
- ITS DURATION SHALL BE PERPETUAL
- ITS DOMICILE IS PANAMA, PROVINCE OF PANAMA

ISSUED IN THE PROVINCE OF PANAMA ON TUESDAY, JULY 07, 2015 AT 04:44 P.M.

NOTE: A STAMP TAX IN THE AMOUNT OF US\$30.00 WAS PAID FOR THIS
CERTIFICATION. RECEIPT NO. 1400478098

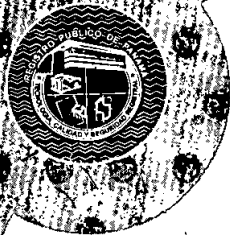
This document has been signed by means of qualified electronic signature by YADINEL ORTEGA GONZALEZ.

The authenticity of this document may be verified at the Verification Web Service:
<https://www.registro-publico.gob.pa>



Xiomara Calderón
Traductor Público Autorizado
Inglés a Español - Español a Inglés
Resolución No. 866 del 2013
xholmes@hotmail.com

El documento que antecede es traducción fiel y completa al español del documento redactado en inglés que se encuentra adjunto.



Registro Público de Panamá

FIRMADO POR: EDUARDO ANTONIO
ROBINSON ORELLANA
FECHA: 2015.07.07 17:49:15 -05:00
MOTIVO: SOLICITUD DE PUBLICIDAD
LOCALIZACION: PANAMA, PANAMA

No. 223733

CERTIFICADO DE PERSONA JURÍDICA

CON VISTA A LA SOLICITUD

293644/2015 (0) DE FECHA 07/07/2015

QUE LA SOCIEDAD

VAPORIZADORES, S.A.

TIPO DE SOCIEDAD: SOCIEDAD ANONIMA

SE ENCUENTRA REGISTRADA EN (MERCANTIL) FOLIO Nº 844582 (S) DESDE EL MARTES, 23 DE SEPTIEMBRE DE 2014

FECHA: 17/09/2014

NÚMERO: 12630

PROVINCIA: PANAMA

DESCRIPCION NOTARÍA: NOTARÍA OCTAVA DEL CIRCUITO

- QUE LA SOCIEDAD SE ENCUENTRA VIGENTE

- QUE SUS CARGOS SON:

SUSCRIPTOR: GMS SERVICES, S. DE R.L.

SUSCRIPTOR: LJB SERVICES, S. DE R.L.

DIRECTOR: RAMON GATEÑO ZAFRANI

DIRECTOR: DAVID NESSIM ABADI PEREZ

DIRECTOR: SIMON MOISES ZEBEDE ABADI

PRESIDENTE: DAVID NESSIM ABADI PEREZ

VICEPRESIDENTE: RAMON GATEÑO ZAFRANI

TESORERO: SIMON MOISES ZEBEDE ABADI

SECRETARIO: RAMON GATEÑO ZAFRANI

AGENTE RESIDENTE: GALINDO, ARIAS Y LOPEZ

- QUE LA REPRESENTACIÓN LEGAL LA EJERCERÁ:

SIN PERJUICIO DE LO QUE DISPONGA LA JUNTA DIRECTIVA EL PRESIDENTE OSTENTARA LA REPRESENTACION LEGAL DE LA SOCIEDAD. EN AUSENCIA DE ESTE LA OSTENTARA, EN SU ORDEN, EL VICEPRESIDENTE, SI LO HUBIERE, EL TESORERO O EL SECRETARIO.

- QUE SU CAPITAL ES DE ACCIONES SIN VALOR NOMINAL

EL CAPITAL SOCIAL ESTARÁ REPRESENTADO POR 500 ACCIONES COMUNES SIN VALOR NOMINAL. LOS CERTIFICADOS DE ACCIONES SERAN EMITIDOS EN FORMA NOMINATIVA.

- QUE SU DURACIÓN ES PERPETUA

- QUE SU DOMICILIO ES PANAMÁ, PROVINCIA PANAMÁ

EXPEDIDO EN LA PROVINCIA DE PANAMÁ EL MARTES, 07 DE JULIO DE 2015 A LAS 04:44 PM.

NOTA: ESTA CERTIFICACIÓN PAGÓ DERECHOS POR UN VALOR DE 30.00 BALBOAS CON EL NÚMERO DE LIQUIDACIÓN 1400478098

Este documento ha sido firmado con firma electrónica calificada por EDUARDO ANTONIO ROBINSON ORELLANA.



La autenticidad de este documento puede ser verificada en el Servicio Web de Verificación: <https://www.registro-publico.gob.pa>