F12000002228

| (Re | equestor's Name) | | | | | |
|---|-------------------|-------------|--|--|--|--|
| (Ac | ddress) | | | | | |
| (Ac | ldress) | | | | | |
| (Ci | ty/State/Zip/Phon | e #) | | | | |
| PICK-UP | ☐ WAIT | MAIL | | | | |
| (Business Entity Name) | | | | | | |
| (Document Number) | | | | | | |
| Certified Copies | _ Certificate | s of Status | | | | |
| Special Instructions to Filing Officer: | | | | | | |
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| | Office Use Or | | | | | |



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W2033

12 MAY 24 PM 3: 45 SECRETARY OF STATE TALLAMASSEE, FI OBID.

T. Burch MAY 25 2012

COVER LETTER

| TO: New Filing Section Division of Corporation | ns | | |
|--|---|---|--|
| SUBJECT: Pure Cigs. | , Inc. | | |
| | Name of corpora | tion - must include suffix | |
| Dear Sir or Madam: | | | |
| The enclosed "Application by "Certificate of Existence," or "above referenced foreign corporate to the corpo | Certificate of Good S | Standing" and check are subn | |
| Please return all correspondence | e concerning this ma | atter to the following: | |
| Mark Nowak | | | |
| | Name | of Person | |
| Pure Cigs, Inc. | | | |
| | Firm/C | Company | |
| 2825 Business Cen | ter Blvd Ste E | 38-9 | |
| | Ae | ddress | |
| Melbourne, FL 32940 |) | | |
| | City/Star | te and Zip code | _ |
| onpointeconsulting.dd@ | @gmail.com | | |
| | | ed for future annual report no | otification) |
| For further information concern | ning this matter, plea | se call: | |
| Mark Nowak | at (321 | , 609-0369 | |
| Name of Person | | ea Code & Daytime Telepho | ne Number |
| STREET/COURIER New Filing Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301 Enclosed is a check for the follo | ns Circle | MAILING AD New Filing Sec Division of Cor P.O. Box 6327 Tallahassee, FL | tion porations |
| 万 \$70.00 Filing Fee ☐ \$7 | 78.75 Filing Fee & ertificate of Status | \$78.75 Filing Fee & Certified Copy | \$87.50 Filing Fee, Certificate of Status & Certified Copy |



February 20, 2012

MARK NOWAK 2825 BUSINESS CENTER BLVD STE B8-9 MELBOURNE, FL 32940

SUBJECT: PURE CIGS, INC. Ref. Number: W12000009833

We have received your document for PURE CIGS, INC. 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 of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company, "Corporation," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

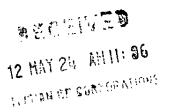
Simply adding "of Florida" or "Florida" to the end of a name is not acceptable.

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) 245-6052.

Tim Burch Regulatory Specialist II

Letter Number: 212A00007425



May 21, 2012

TO: Florida Department of State Division of Corporations

I, Mark Nowak, the owner of Purecigs LLC (document #L11000028571) thereby requesting the approval of the new name for the new corporation Pure Cigs Inc (reference#W12000009833).

Sincerely,

Mark Nowak

Managing Member

Purecigs LLC

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

| IN COMPLIANC | E WITH SECTION 607.1503, FLORIDA | S | TATUTES. T | THE FOLLOWING IS SU | IBI AT ETH | | 2 |
|----------------------------|---|-----|-------------------------------------|-------------------------------|------------------------|----------|------------|
| | REIGN CORPORATION TO TRANSACT | | | | | YAN | |
| 1. Pure Cigs, In | nc. | | | | ASS. | 24 | |
| (Enter name of c | corporation; must include "INCORPORATED Corp," "Inc," "Co," or "Corp.") | D, | " "COMPAN | Y," "CORPORATION," | OF-STATE E, FLORIDA | PH 3: 45 | ED |
| (If name unavail | lable in Florida, enter alternate corporate nam | ie | adopted for th | he purpose of transacting b | usiness in | Flori | da) |
| 2. NV | 3 | 3. | 45-4066 | 357 | | | |
| (State or country | under the law of which it is incorporated) | | | (FEI number, if applica | ble) | | |
| 4. <u>12/19/2011</u> | | 5. | Perpetua | al | | | |
| (Date | e of incorporation) | | (Duration: | Year corp. will cease to ex | ist or "per | petua | <u>l")</u> |
| 6: <mark>02/01/2012</mark> | | | | | | | |
| | (Date first transacted business (SEE SECTIONS 607.1501 & 607. | | | | | | |
| _{7.} 2825 Busir | ness Center Blvd Ste B8-9; M | e | lbourne, | FL 32940 | | | |
| | (Principal office ad | ldı | ress) | | | | |
| 2825 Busi | ness Center Blvd Ste B8-9; | ١ | √elbourr | ne, FL 32940 | | | |
| | (Current mailing ad | ldı | ress) | | | | |
| _s E-commer | rce | | | | | | |
| · ——— | s) of corporation authorized in home state or | co | ountry to be ca | arried out in state of Florid | a) | | |
| 9. Name and stree | et address of Florida registered agent: (P. | .C |). Box <u>NOT</u> | _acceptable) | | | |
| Name: | Mark Nowak | | ··········· | | | | |
| Office Address: | 2825 Business Center Blvd Ste | В | 8-9 | | | | |
| | Melbourne | | Florid | _{ia} <u>32940</u> | | | |
| | (City) | | , , , , , , , , , , , , , , , , , , | (Zip code) | | | |
| 10. Registered as | gent'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)

11. 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.

12. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Address: Vice Chairman: Address: Address: _____ Director: Mark Nowak Address: 150 Bry Lynn Dr; W Melbourne, FL 32904 **B. OFFICERS** President: Mark Nowak Address: 150 Bry Lynn Dr; W Melbourne, FL 32904 Vice President: Address: __ Secretary: Mark Nowak Address: 150 Bry Lynn Dr; W Melbourne, FL 32904 Treasurer: Mark Nowak Address: 150 Bry Lynn Dr; W Melbourne, FL 32904 NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 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

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

third degree felony as provided for in s.817.155, F.S.

14. Mark Nowak

SECRETARY OF STATE



FILED

12 HAY 24 PH 3: 45

SECRETARY OF STATE
TALLAHASSEE, FLORING

CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, ROSS MILLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **PURE CIGS INC.**, as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since December 21, 2011, and is in good standing in this state.

SEAL OF THE OF T

Electronic Certificate
Certificate Number: C20120112-1884
You may verify this electronic certificate
online at http://www.nvsos.gov/

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on January 12, 2012.

ROSS MILLER Secretary of State