

(Reque	estor's Name)	
(Addre	ess)	
. (Addre	ess)	
(City)C	State/Zip/Phone	. 40
(City/S	tate/Zip/Phone	= #)
PICK-UP	WAIT	MAIL
(Busin	ess Entity Nar	me)
•	•	
(Docui	ment Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fili	ng Officer:	
-		

Office Use Only



900300124559

06/09/17--01011--017 **125.00

2017 JUN -9 P 12 1.

D. BRUCE JUN 12 2017

COVER LETTER

TO:	Registration Sec Division of Cor	poratio									
CHRI	BLUE MO ECT:	ONKEY	VAPES, INC	C.							
SUD	ECI		Name of	corpora	tion -	must	include suffix	ζ.			
Dear S	Sir or Madam:										
"Certi	nclosed "Applicati ficate of Existence referenced foreig	e," or "	Certificate of	of Good	Stanc	ling" a	nd check are				,,
	return all corresp AZAROVICH	onden	ce concernin	g this m	atter	to the t	following:				
				Name	e of P	erson					
BLUE	MONKEY VAPES	S, INC.									
13201	COASTAL HIGHV	WAY		Firm/0	Comp	any		· •••			
OCEAN CITY, MD 21842 Address Fig. 2									2017	· .	
City/State an IDO@BLUEMONKEYVAPES.COM						SS				DIN - a	
		E-m	ail address:	(to be us	sed fo	or futui	re annual repo	ort notific	ation)_	ס	
For fu	rther information	concer	ning this ma	tter, plea	ase ca	ıll:			NOT.	ন্য	O
JAME	S PIERSON			410		213-	1200		DE A	<u>۔</u>	
	Name of Person	n	a	t (Code	_)	Daytime Te	lephone N	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						
Enclo:	sed is a check for	the fol	lowing amou	int:							
⊠ \$1 Fee	25.00 Filing		130.00 Filing Certificate of		 &		00 Filing Fee ied Copy		\$160.00 Certifica Certifie	ate of S	atus &

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. BLUE MONKEY VAPES, INC. 1. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "lnc.," "Co.," "Corp," "lnc," "Co," or "Corp.") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) MARYLAND 47-3318833 (State or country under the law of which it is incorporated) (FEI number, if applicable) 11/01/2014 (Date of duration, if other than perpetual) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 13201 COASTAL HIGHWAY, OCEAN CITY, MD 21842 (Principal office address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: J&J Legal PLLC Office Address: 1133 Louisiana Ave. Unit 101 Winter Park 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.

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.

(Registered agent's signature)

11. Names and business addresses of officers and/or directors: A. DIRECTORS IDO LAZAROVICH Chairman: 13201 COASTAL HIGHWAY Address: OCEAN CITY, MD 21842 Vice Chairman: Address: ___ Director: Address: __ Director: _ **B. OFFICERS IDO LAZAROVICH** President: 13201 COASTAL HIGHWAY Address: OCEAN CITY, MD 21842 Ū Vice President: ____ Address: Secretary: Address: _ Treasurer: 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 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.

IDO LAZAROVICH, PRESIDENT

13.

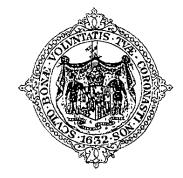
STATE OF MARYLAND Department of Assessments and Taxation

I, MICHAEL L. HIGGS OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE; IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATIONS, OR THE RIGHTS OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT BLUE MONKEY VAPES, INC. (D16174955), INCORPORATED NOVEMBER 04, 2014, IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND THE CORPORATION HAS FILED ALL ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS, AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN MARYLAND.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS MAY 11, 2017.

Michael L. Higgs Director



301 West Preston Street, Baltimore, Maryland 21201 Telephone Balto. Metro (410) 767-1344 / Outside Balto. Metro (888) 246-5941 MRS (Maryland Relay Service) (800) 735-2258 TT/Voice Fax (410) 333-7097

0010589771

CRTGST