

F21000001231

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

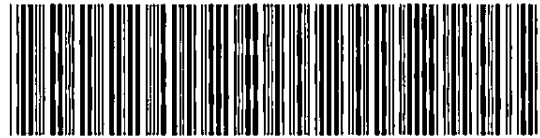
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer

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CLERK OF COURT

MAR -4 AM 11:05



CLERK

MAR - 4 2021

M. SOLOMON

**CORPORATE  
ACCESS,  
INC.**

*When you need ACCESS to the world*

236 East 6th Avenue, Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

**WALK IN**

**PICK UP:** 2/26 Glinda

- ☐ **CERTIFIED COPY** \_\_\_\_\_
- xx** **PHOTOCOPY** \_\_\_\_\_
- ☐ **CUS** \_\_\_\_\_
- xx** **FILING** **FOREIGN CORP** \_\_\_\_\_

1. **RIPE VAPES, INC.**  
(CORPORATE NAME AND DOCUMENT #)
2. \_\_\_\_\_ (please file on 1<sup>st</sup> date submitted, 2/26/21)  
(CORPORATE NAME AND DOCUMENT #)
3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL INSTRUCTIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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.*

1. RIPE VAPES, INC.  
(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)
2. CALIFORNIA 3. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 01/31/2014 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)
6. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 591 Constitution Ave. Suite D, Camarillo, CA 93012  
(Principal office street address)
- \_\_\_\_\_  
(Current mailing address, if different)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
- Name: Legalinc Corporate Services Inc.
- Office Address: 5237 Summerlin Commons, Suite 400  
Fort Myers, Florida 33907  
(City) (Zip code)

**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.*

Diana Cole

(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. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

2021 FEB 26 AM 8:29

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A. DIRECTORS

☐ Chairman Name: Erik Moren  
☐ Vice Chairman Address: 591 Constitution Ave. Suite D  
☒ Director Camarillo, CA 93012  
☒ President  
☐ Vice President  
☐ Secretary ☐ Treasurer  
☐ Other ☐ Other

☐ Chairman Name: David Rosenthal  
☐ Vice Chairman Address: 591 Constitution Ave. Suite D  
☒ Director Camarillo, CA 93012  
☐ President  
☐ Vice President  
☒ Secretary ☒ Treasurer  
☐ Other ☐ Other


☐ Chairman Name: William Rosenthal  
☐ Vice Chairman Address: 591 Constitution Ave. Suite D  
☒ Director Camarillo, CA 93012  
☐ President  
☐ Vice President  
☐ Secretary ☐ Treasurer  
☐ Other ☐ Other

☐ Chairman Name:  
☐ Vice Chairman Address:  
☐ Director  
☐ President  
☐ Vice President  
☐ Secretary ☐ Treasurer  
☐ Other ☐ Other

☐ Chairman Name:  
☐ Vice Chairman Address:  
☐ Director  
☐ President  
☐ Vice President  
☐ Secretary ☐ Treasurer  
☐ Other ☐ Other

☐ Chairman Name:  
☐ Vice Chairman Address:  
☐ Director  
☐ President  
☐ Vice President  
☐ Secretary ☐ Treasurer  
☐ Other ☐ Other

**Important Notice:** Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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

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FLORIDA DEPARTMENT OF STATE



## Secretary of State Certificate of Status

I, SHIRLEY N. WEBER, Ph.D., Secretary of State of the State of California, hereby certify:

**Entity Name:** RIPE VAPES, INC.  
**File Number:** C3642791  
**Registration Date:** 01/31/2014  
**Entity Type:** DOMESTIC STOCK CORPORATION  
**Jurisdiction:** CALIFORNIA  
**Status:** ACTIVE (GOOD STANDING)

As of February 21, 2021 (Certification Date), the entity is authorized to exercise all of its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the Certification Date and does not reflect documents that are pending review or other events that may affect status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate  
and affix the Great Seal of the State of California  
this day of February 22, 2021.

A handwritten signature in black ink, appearing to read "Shirley N. Weber".

SHIRLEY N. WEBER, Ph.D.  
Secretary of State

**Certificate Verification Number:** Z7VLMWY

To verify the issuance of this Certificate, use the Certificate Verification Number above with the Secretary of State Certification Verification Search available at [bizfile.sos.ca.gov/certification/index](http://bizfile.sos.ca.gov/certification/index).