F22000002409

(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:							



600385123926

04/06/22--01012--024 **07.50

2022 APR -6 AM 8: 30

Office Use Only

S. ROBERTS

APR 0 6 2022

COVER LETTER

TO:	Registration Section Division of Corporations						
SUBJ	ECT: V	ape it LLC					
		-	Name (of corporation	- must i	nclude suffix	
Dear S	Sir or Mada	am:					
"Certi	ficate of E	xistence," o	r "Certificate		ding" ar	nd check are subm	Business in Florida," nitted to register the
Please	return all	corresponde	ence concerni	ng this matter	to the fe	ollowing:	
Gonza	lo Quintana	Garcia					
				Name of	Person		
Vape i	LLC						
_				Firm/Con	ipany		
400 N	W 1st Aven	ue APT 2702					
				Addr	ess		
Miami	, FL, 33128						
				City/State a	nd Zip c	ode	
info@	vapeittech.c						
		Ë	-mail address	: (to be used)	for futur	e annual report no	otification)
For fu	rther infor	mation conc	erning this m	atter, please o	call:		
Gonza	lo Quintana	Garcia		at (³⁰⁵	6083	660	
	Name o	f Person		Area Cod	c	Daytime Teleph	one Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303						MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Please		c payable to:	ollowing amo FLORIDA DI \$78.75 Filin Certificate o	EPARTMENT g Fee & - [□ \$78.75	ATE 5 Filing Fee & ied Copy	\$87.50 Filing Fee, Certificate of Status & Certified Copy

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.

Vape it LLC			
	orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION	1,"
Vape it Technol	ogies LLC		
(If name unavaila	able in Florida, enter alternate corporate name ad	opted for the purpose of transactin	g business in Florida)
DE DE	3 3	6-5010144	
(State or countr	y under the law of which it is incorporated)	(FEI number, if ap	plicable)
12/22/2021			
(Date	of incorporation) 5.	(Date of duration, if other t	than perpetual)
5.			
7	nue APT 20702, Miami, FL, 33129 (Principal office	street address)	<u></u>
	(Current mailing	address, if different)	
8. Name and stree	et address of Florida registered agent: (P.O. Gonzalo Quintana Garcia	Box <u>NOT</u> acceptable)	2022 APR
Office Address:	400 NW 1st Avenue APT 2702	_	R-6 AH
	Miami	, Florida 33129	4. 置
	(City)	(Zip code)	<u>, , , , , , , , , , , , , , , , , , , </u>
			30

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.

A. DIRECTORS			
□Chairman	Name:	□ Chairman	Name:
□Vice Chairman	Address: 400 NW 1st Avenue apt 2702	□Vice Chairman	Address: 400 NW 1st Avenue apt 2702
Director	Miami, FL, 33129	■ Director	Miami, FL, 33129
□President		□President	
□Vice President		□ Vice President	
Secretary	□Treasurer	☐ Secretary	□Treasurer
□Other	Other	Other	Other
□ Chairman	Name:	□ Chairman	Name:
□Vice Chairman	Address:A00 NW 1st Avenue apt 2702	□Vice Chairman	
Director	Miami, FL, 33129	Director	
□President		□President	
□Vice President		□Vice President	
☐ Secretary	□Treasurer	Secretary	□Treasurer
□Other	Other	Other	Other
□Chairman	Name:	□Chairman	Name:
□Vice Chairman	Address:	□Vice Chairman	Address:
□Director		Director	
□President		□President	
□Vice President		□Vice President	
Secretary	□Treasurer	☐ Secretary	□Treasurer
□Other	□Other	□Other	Other
individuals may be	Use an attachment to report more than six (6). The e added to the index when filing your Florida Dep	artment of State Annual R	eport form.
12.	Signature of Dire	atus as 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 of 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.



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "VAPE IT LLC" IS DULY FORMED UNDER THE

LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A

LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF

THE TWENTY-SECOND DAY OF FEBRUARY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "VAPE IT LLC" WAS FORMED ON THE TWENTY-SECOND DAY OF DECEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

Authentication: 202737339

Date: 02-22-22