

7/10/12

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FLORIDA LIMITED LIABILITY CO.
Rising Vapors LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
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EXAMINER

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ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is: **Rising Vapors LLC**

ARTICLE II - Address

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

110 Peckham Street SW

Port Charlotte, FL 33952

Mailing Address:

110 Peckham Street SW

Port Charlotte, FL 33952

ARTICLE III - Registered Agent, Registered Office & Registered Agent's Signature

The name and Florida street address of the registered agent are:

Darleen Wolff

Name

110 Peckham Street SW

(P.O. Box or Mail Drop Box **NOT** Acceptable)

Port Charlotte, FL 33952

(City / State / Zip)

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TALLAHASSEE, FLORIDA

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Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.



Registered Agent's Signature - Darleen Wolff

ARTICLE IV - Manager(s) or Managing Member(s):

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The name and address of each Manager or Managing Member is as follows:

Title:

Name and Address:

"MGR" - Manager

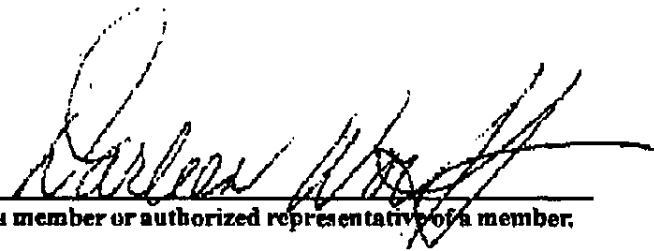
"MGRM" - Managing Member

MGR

Darleen Wolff - 110 Peckham Street SW, Port Charlotte, FL 33952

(Use attachment if necessary)

REQUIRED SIGNATURE:



Signature of a member or authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Darleen Wolff

Typed or printed name of signer