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SECRETARY OF STATE PALLAHASSEE, FLORIGE

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## **COVER LETTER**

TO:

Registration Section Division of Corporations

SUBJECT: Top Vapor Shop LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

# Manoj Balani Name of Person Top Vapor Shop LLC Firm/Company 8803 N.W. 23rd. Street Address Miami, FL 33172 City/State and Zip Code mbalani@gothamcigars.com E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Manoj Balani	<sub>at (</sub> 305	, 597-1501
Name of Person	Area Code	& Daytime Telephone Number

Enclosed is a check for the following amount:

□\$125.00 Filing Fee 
□\$130.00 Filing Fee & □\$155.00 Filing Fee & □ \$160.00 Filing Fee,

Certificate of Status Certified Copy
(additional copy is enclosed)

Certified Copy
(additional copy is enclosed)

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Street/Courier Address

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is	3:
Top Vapor Shop LLC  (Must end with the words "Limited Liab	oility Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
8803 N.W. 23rd. Street	8803 N.W. 23rd. Street
Miami, FL 33172	Miami, FL 33176
Manoj Balani Nam	e All All All All All All All All All Al
8803 N.W. 23rd Street	ddress (P.O. Box NOT acceptable)
M:! EL 00470	FL State, and Zip
City, S	FL State, and Zip
liability company at the place designated in registered agent and agree to act in this capa all statutes relating to the proper and compleand accept the obligations of my position as r	a accept service of process for the above stated limited this certificate, I hereby accept the appointment as acity. I further agree to comply with the provisions of the performance of my duties, and I am familiar with registered agent as provided for in Chapter 608, F.S

(CONTINUED)

Page 1 of 2

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

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

"MGR" = Manager "MGRM" = Managing Member		75 <b>29</b>
MORIVI — Managing Member		
President/MCRM	Manoj Balani	至此 6
	8803 M.W.23rd. Street	(7美) 二
	Miami, FL 33172	3
		75
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(Use attachment if necessary)		
I E M. Effective data if other than the	data of Clima	(OPTIONA)
LE V: Effective date, if other than the effective date is listed, the date must	t he specific and cannot he m	, (OPTIONAL
or 90 days after the date of filing.)	e be specific and camber be m	ore than five business
•		
REQUIRED SIGNATURE:		
	Pany Bali	
	1 1 )	

(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. I am aware that any 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.)

Manoj Balani
Typed or printed name of signee

## Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)