

L13000101862

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

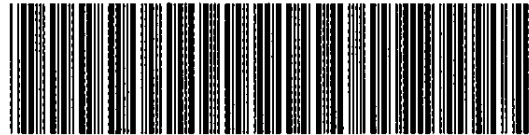
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



400249476534

EFFECTIVE DATE  
7/8/13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2013 JUL 10 AM 10:42

FILED

07/10/13--01016--003 \*\*125.00

N. G. Mason JUN 18 2013

(850) 245-6051.

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Vape-a-roo 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:

Julie Young  
Name of Person

Vape-a-roo LLC  
Firm/Company

1180 Simpson Lane  
Address

Mant Dora FL 32757  
City/State and Zip Code

Vapearool@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Julie Young at ( 352 ) 308-9349  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee ☒ ~~\$130.00~~ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

**Street/Courier Address**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 11, 2013

JULIE YOUNG  
1180 SIMPSON LANE  
MOUNT DORA, FL 32757

SUBJECT: VAPE-A-ROO LLC  
Ref. Number: W13000039221

We have received your document for VAPE-A-ROO LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list the corporation's principal street address and/or a mailing address in the document. A post office box is not acceptable for the principal address.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Neysa Culligan  
Regulatory Specialist II

Letter Number: 313A00016973

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

Vape-a-roo LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

## ARTICLE II - Address:

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

### Principal Office Address:

1180 Simpson Lane  
Mount Dora, FL 32757

### Mailing Address:

1180 Simpson Lane  
Mount Dora, Florida  
32757

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

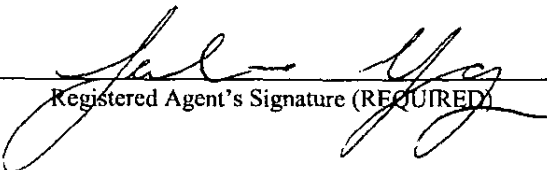
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Julie Young  
Name  
1180 Simpson Lane  
Florida street address (P.O. Box **NOT** acceptable)  
Mount Dora, FL 32757  
City, State, and Zip

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TALLAHASSEE, FLORIDA

*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 (REQUIRED)

(CONTINUED)

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

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

Julie Young  
1180 Simpson Lane  
Mount Dora, FL 32757

MGR

Michael Young  
1180 Simpson Lane  
Mount Dora, FL 32757

MGRM

Tyler Crane  
1180 Simpson Lane  
Mount Dora, FL 32757

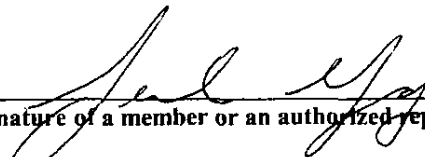
MGRM

Kyle Crane  
1180 Simpson Lane  
Mount Dora, FL 32757

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 07-08-2013 (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**

  
Signature of a member or an 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. 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.)

Julie Young  
Typed or printed name of signee

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2013 JUL 10 AM 10:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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)