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(Re	questor's Name)	
(Ad	dress)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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Effective Date \$ |5|3

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AUG 1 3 2013 T. EAST OFF

COVER LETTER

TO: Registration Division of C			
SUBJECT: Vap	or Hut LLC		
SUBJECT:		ted Liability Company	
The enclosed Articles of	of Organization and fee(s) are	submitted for filing.	
Please return all corres	pondence concerning this mat	ter to the following:	
Robert	A Similuk		
		Name of Person	
		Firm/Company	
629 Ne	w York Ave.		
		Address	
Lynn H	aven, FL		
	Cit	ty/State and Zip Code	
rsimiluk@	yahoo.com		
		for future annual report notification)	
	concerning this matter, please	e call:	
Robert A S	Similuk	$_{\rm at}$ 850 $_{\rm 3}$ 814-03	375
Name	of Person	Area Code & Daytime Tele	phone Number
Enclosed is a check f	or the following amount:		
□\$125.00 Filing Fee	■\$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	Street/Courier Address Registration Section Division of Corporations	

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

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

Effective Date 8 | 5 | 13

IRTICLES OF ORGANIZATION FOR	K FLORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company	y is:
Vapor Hut L.L.C	
(Must end with the words "Limited I	Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the Principal Office Address:	ne principal office of the Limited Liability Company is: Mailing Address:
17222 Panama City Beach Parkway	17222 Panama City Beach Parkway
Panama City Beach, FL 32413	Panama City Beach, FL 32413
ARTICLE III - Registered Agent, Register the Limited Liability Company cannot serve as its own Rebusiness entity with an active Florida registration.) The name and the Florida street address of the server and the se	ered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another the registered agent are:

Robert A Similuk
Name
629 New York Ave
Florida street address (P.O. Box NOT acceptab
Lynn Haven, FL 32444 FL
City, State, and Zip

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)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Me

MGRM Robert A Similuk 629 New York Ave Lynn Haven, FL 32444 MGRM Cheryl Watts 13208 Fernwood Pl. Panama City Beach, 32407 LE V: Effective date, if other than the date of filing: August 5th 2013 (OPTIO fective date is listed, the date must be specific and cannot be more than five bustor 90 days after the date of filing.) REOUIRED SIGNATURE: (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.) Robert A Similuk Typed or printed name of signee	<u>Title:</u>	Name and Address:	
WGRM Robert A Similuk 629 New York Ave Lynn Haven, FL 32444 Cheryl Watts 13208 Fernwood Pl. Panama City Beach, 32407 Let V: Effective date, if other than the date of filing: August 5th 2013 (OPTIO fective date is listed, the date must be specific and cannot be more than five bustor 90 days after the date of filing.) REQUIRED SIGNATURE: (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 at third degree felony as provided for in s.817.155, F.S.) Robert A Similuk Typed or printed name of signee	"MGR" ≈ Manager		
## Company of 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 hird degree Felony as provided for in s.817.155, F.S.) Robert A Similuk Eynn Haven, FL 32444	"MGRM" = Managing Membe	er	
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