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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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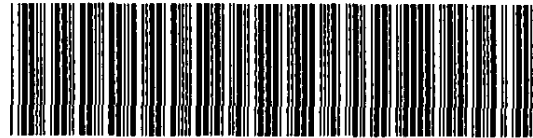
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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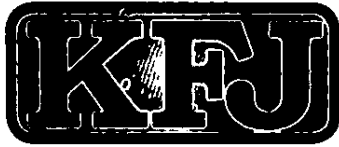


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13 AUG 12 PM 1:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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LAW OFFICE OF
KEVIN F. JURSKINSKI
& ASSOCIATES
Real Estate and Business Law

August 7, 2013

Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Vapor Wiz, LLC

Dear Sirs:

Enclosed please find Articles of Organization and a Certificate Designating Registered Agent for the above limited liability company.

We respectfully request that these articles be filed. We have enclosed our check in the amount of \$160.00 for the filing fee and return of a certified copy of the Articles of Organization to the undersigned.

Should you have any questions, please do not hesitate to contact my office. Thank you for your assistance in this matter.

Respectfully,

A handwritten signature in black ink, appearing to be 'KFJ', written over a horizontal line.

KEVIN F. JURSKINSKI

KFJ/h
Enclosure

F:\LawOffice\Clients\Zepcevski, Teresa\LLC Formation\Ltr to Sec of State 08.07.13.doc

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION OF
VAPOR WIZ, LLC

The undersigned members hereby certify that they have associated for the purpose of becoming a limited liability company under the laws of the State of Florida, providing for the formation, rights, privileges, and immunities of limited liability companies for profit. The undersigned further declare that the following Articles shall be the Charter and authority for the conduct of business of such limited liability company.

NAME

The name of the limited liability company shall be VAPOR WIZ, LLC (the "Company").

ADDRESS OF PRINCIPAL PLACE OF BUSINESS

The mailing address and street address of the principal office of this Company shall be 6613 Joanna Circle, Fort Myers, FL 33919.

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REGISTERED AGENT

The name and address of the initial registered agent in the State of Florida is as follows:

Kevin F. Jursinski
15701 S. Tamiami Trail
Fort Myers, FL 33908

MANAGEMENT

The Company shall be manager-managed.

MEMBERSHIP

The Members shall have the right to admit new members upon making such contributions as are set out in the Operating Agreement, and otherwise complying with and agreeing to the terms and provisions of the Operating Agreement.

EFFECTIVE DATE OF FILING

Pursuant to Florida Statute 608.409 the effective date of filing of these article of organization and commencement of the existence of this Limited Liability Company shall be the date such Articles are executed.

Executed by the undersigned members at Fort Myers, Florida, on this 7th day of August, 2013.

Teresa Zepcewski
TERESA ZEPCEVSKI
As its Authorized Representative

STATE OF FLORIDA

SS:

COUNTY OF LEE

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State and County aforesaid, to take acknowledgements, personally appeared Teresa Zepcewski, to ~~me known to be the persons described herein~~ or who provided Fla drivers license as identification, and who did take an oath.

WITNESS my hand and official seal in the County and State last aforesaid this 7th day of August, 2013.

Lisa Hendrix
NOTARY PUBLIC
(SEAL)



CERIFICATE OF DESIGNATION OF REGISTERED OFFICE
AND REGISTERED AGENT

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the limited liability company is VAPOR WIZ, LLC.

The name of the initial registered agent of the limited liability company is KEVIN F. JURSKINSKI and the address of the office of the registered agent is 15701 S. Tamiami Trail, Fort Myers, FL 33908.

REGISTERED AGENT ACCEPTANCE

Having been named as registered agent and to accept services 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 that 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.



KEVIN F. JURSKINSKI

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