

L13 000141950

(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



200256238592

02/03/14--01021--022 **50.00

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2014 FEB -3 PM 4:05
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Florida, January 30st, 2014

To whom it may concern

Find enclosed all the documents and the chq# 4161 in the total amount of U\$50.00 for the Filing Fee and automatic certificate of dissolution for the following companies Art Flavor Café and VaporBoost.

Please consider below the return address

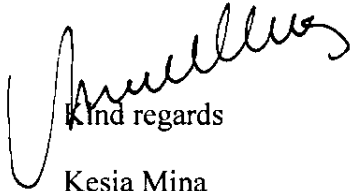
Pacifics Group

6135 NW 167th Street – Suite E20

Hialeah, Florida 33015

Tf: (305) 917 5009

If you have any questions, please feel free to contact me.


Kind regards

Kesia Mina

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www.pacificsgroup.com

6135 NW 167th Street, Suite E20, Miami Lakes - FL 33015

Main (305) 396-2631 * Financial (305) 396-2650 *Logistics (305) 396-2620

Fax: (786) 664-9940

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VAPOR BOOST, LLC
(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to the following:

KESIA MINA
(Name of Person)

VAPOR BOOST, LLC
(Firm/Company)

6135 NW 16th St - Suite E20
(Address)

Hialeah, Florida 33015
(City/State and Zip Code)

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For further information concerning this matter, please call:

KESIA MINA
(Name of Person)

at (305) 917-5009
(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

\$25.00 Filing Fee and Certificate of Dissolution

\$55.00 Filing Fee, Certificate of Dissolution &
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

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

VAPOR BOOST, LLC

2. The Articles of Organization were filed on 10/08/2013 and assigned
document number 213000141950

3. The delayed effective date the dissolution if not effective on the date of filing: _____

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section
605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

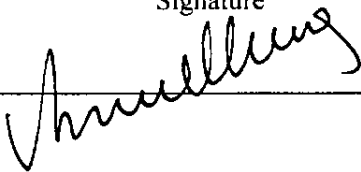
Business Close.

5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: _____

6. Signature of an authorized person or if there are no members, the signature of the person appointed and listed
above to wind up the company's activities and affairs:

Signature

Printed Name



KESIA MINA

FILING FEE: \$25.00

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