

10/10/2013 10:40:28 AM

-0400 POWERED BY ORCA FAX

PAGE 1 OF 3

10/10/13

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H13000225747 3)))



H130002257473ABC+

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : HUBCO  
Account Number : 104662003400  
Phone : (516) 935-3940  
Fax Number : (800) 293-4075

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: mike@chaseinsurance.net

RECEIVED

13 OCT 10 AM 10:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FLORIDA LIMITED LIABILITY CO.  
Vapor Source LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

OCT 11 2013

A. LUNT

ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY

H13000225747

## ARTICLE I - Name

The name of the Limited Liability Company is: **Vapor Source LLC**

## ARTICLE II - Address

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

Principal Office Address:3700 West Broward BoulevardPlantation, FL 33312Mailing Address:3700 West Broward BoulevardPlantation, FL 33312

2013 OCT 10 AM 12:38  
FILED  
CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA

FILED

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

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

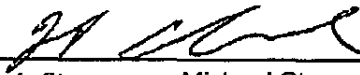
Michael Chase

Name

1260 NW 116th Avenue(P.O. Box or Mail Drop Box **NOT** Acceptable)Plantation, FL 33323

(City / State / 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 - Michael Chase

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

H13000225747

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

**Title:**

**Name and Address:**

"MGR" = Manager


"MGRM" = Managing Member

MGRM

Michael Chase - 1260 NW 116th Avenue, Plantation, FL 33323

(Use attachment if necessary)

**REQUIRED SIGNATURE:**

  
Signature of a member or 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. )

Michael Chase

Typed or printed name of signee

2013 OCT 10 AM 10:38  
CLERK OF COURT  
ALLIANCE FLORIDA

FILED