# 113000/55691

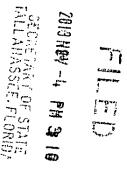
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
NOV - 5 2013
A. LUNT

Office Use Only



600252864556

11/04/13--01045--007 \*\*130.00



# COVER LETTER

		COVIDI	LLLILIC				
TO:	Registration Se Division of Cor						
SUBJE	CT. Vapo	r Boyz, LLC					
30001			d Liability Comp	pany		-	
The en	closed Articles of	Organization and fee(s) are s	ubmitted for filin	g.			
Please	return all correspo	ondence concerning this matte	er to the following	g:			
	Kimberl	y A. Gilmour,	Esq.				
		<del></del>	Name of Person	<del></del>			
	Kimberl	y A. Gilmour,	P.A.		- 49,4	~2_	
			Firm/Company			<u>ت</u>	
	4179 Da	avie Road - S	uite 101				4.700 (d) 8 4.701(20)
			Address			<del></del> -	1
	Davie, F	FL 33314					
	Gilmourlay	city v@aol.com	//State and Zip Co	de	E E		
		E-mail address: (to be used f	or future annual re	port notification)			
For fur	ther information c	oncerning this matter, please	call:				
Kir	nberly G	ilmour	954	, 584-64	160		
	Name o	of Person	Area Co	de & Daytime Telep	phone Number	_	
Enclo	sed is a check fo	r the following amount:					
□\$125	.00 Filing Fee	■\$130.00 Filing Fee & Certificate of Status	U\$155,00 Fill Certified C (additional co	_	\$160.00 Filing Certificate of S Certified Copy (additional copy is	tatus &	

## 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 ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Comp.	any is:	
Vapor Boyz, LLC		
(Must end with the words "Limit	ted Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address or	f the principal office of the Limited Lia	ability Company is:
Principal Office Address:	Mailing Address:	
8208 N.W. 3rd Place	8208 N.W. 3rd Place	
Coral Springs, FL 33071	Coral Springs, FL 33071	
business entity with an active Florida registration.)  The name and the Florida street address of Kimberly A. Gilmour, Esq.	of the registered agent are:	2013 h
4179 Davie Road - Suite 1	Name	ALLAHASSE TO THE SECOND OF THE
7710 54110 11040 04110 1	• • •	
Florida s	treet address (P.O. Box NOT acceptable)	
Florida s  Davie, FL 33314		FERNA O
Davie, FL 33314	rtreet address (P.O. Box <u>NOT</u> acceptable)  FL  City, State, and Zip	[ [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [

(CONTINUED)

Page 1 of 2

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

"MGR" = Manager "MGRM" = Managing Membe	Name and Address:		
MGR	Kevin Bream		
	8208 N.W. 3rd Place		-
	Coral Springs, FL 33071		-
MGR	Steven M. Bream	\$\bar{\bar{\bar{\bar{\bar{\bar{\bar{	2013
	16710 S.W. 52nd Place		فت
	Southwest Ranches, FL 33331	<u> </u>	8
		ASSE	+
		17.4	
		(°,	_ 5
		<u> </u>	,,,,,
		74.	- -
			_
(Use attachment if necessary)			-
LE V: Effective date, if other t	11129	than five bus	ines
LE V: Effective date, if other t ffective date is listed, the date or 90 days after the date of fine the dat	te must be specific and cannot be more telling.)	atts/ng.s. V	ines
LE V: Effective date, if other to the date of some substantial street of the date of final street of the date of signature of a constitutes an affirmation of a substantial substantial street of the date, if other to the date, if other to the date, if other the date of final street, if other the date, if other the date, if other the date of final street, if other	te must be specific and cannot be more tiling.)	attan five bus attacked by the sember. his document herein are true.	ines
LE V: Effective date, if other to the date of some solution of solution of solutions and the date of final solutions.  REQUIRED SIGNATURE:  Signature of a constitutes an affirmation of a solution of a solution of solutions.	te must be specific and cannot be more to ding.)  I member or an authorized representative of a measure of the continuous formation submitted in a document to the Department of the provided for in s.817.155, F.S.)	attan five bus attacked by the sember. his document herein are true.	ines

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)