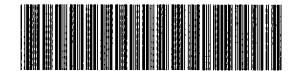
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(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
•	•	•
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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SECRETARY OF STATE
TALL AHASSEE FLORIDA

T. Burels FEB 19, 2000



COVÉR LETTER

TO:	Registration Division of C					
SUBJE	:ст:	VAOE	LAGA A	RTO L	Company	
The enc	closed Articles	of Organizatio	n and fee(s) ar	e submitted f	or filing.	
Please r	return all corre	spondence con	cerning this ma	atter to the fo	llowing:	
		Gorda	<u>,</u> Н. Н	rarris		
				Name of Pe	erson	
		HAKRIS	HARRI	s Bau Firm/Com	IERLE SHAK	imA
		1901	E. Rok	Din&O	S+ .	
		00	lando,	71 3	3 > 80 Zip Code	
		0	Ci	ity/State and I	Zip Code	
		E-mail addr	ess (to be used	hhbs (a I for future an	<u>യ. ശ്രന</u> mual report notificat	ion)
For furt	her information	oconcerning th	nis matter, plea	se call:		
_Go	rdon H.	Harns ne of Person	at (407) Area Code	843 - 040 Daytime Tele	o <u>/</u> ephone Number
Enclose	ed is a check fo	r tha fallawing	anvaint			
	9 Filing Fee	☑\$130.00 F		Certified	Filing Fee & Copy copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Regi Divi P.O.	ling Address stration Section sion of Corpor Box 6327 phassec, FL 32	rations	R D C 20	treet/Courier Addressistration Section vivision of Corporati lifton Building 661 Executive Centerallahassee, FL 3230	ons er Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
VAPE LAGARTO (Must end with the words "Limited L	iability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office.	ce of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1201 E. Robinson St. Orlando, 7L 32801	(20) E. Robinson St. Oclando, 74 32801
the place designated in this certificate, I hereby accept the capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the oblig	egistered Agent. You must designate an individual or) gent are: (1) St. Aggregation (1) NOT acceptable) Aggregation (1) Aggregation (1)

(CONTINUED)

Page 1 of 2

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
MGK	Thomas C. Garo
	4957 Winwood Way
	Orlando, 74 32819
MGR	Roy Rivalen
	Conthard strasse 28, the wil 8800
	Switzerland
m6R	Scott Montana
	3941 Baja Vista Dr. Occan side, CA 92056
	OCEN SIEE, CH YROSU
	*
(Use attachment if necessary)	AII AI
CLE V: Effective date, if other than the date	e of filing: <u>マートス・トリ</u> (OPTIOP室前 温
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effective date is listed, the date must be sp te of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mo	ember or an authorized representative of a member.
effective date is listed, the date must be sp te of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mo (In accordance with section 66)	ember or an authorized representative of a member. 25.0203 (1) (b), Florida Statutes, the execution of this document
effective date is listed, the date must be sp te of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mo (In accordance with section 66 constitutes an affirmation under 1 am aware that any false infor	ember or an authorized representative of a member. 25.0203 (1) (b), Florida Statutes, the execution of this document er the penalties of perjury that the facts stated herein are true, rmation submitted in a document to the Department of State
REQUIRED SIGNATURE: Signature of a mo (In accordance with section 66 constitutes an affirmation under 1 am aware that any false infor constitutes a third degree felor	ember or an authorized representative of a member. 25.0203 (1) (b), Florida Statutes, the execution of this document er the penalties of perjury that the facts stated herein are true, mation submitted in a document to the Department of State my as provided for in s.817.155, F.S.)
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REQUIRED SIGNATURE: Signature of a mo (In accordance with section 66 constitutes an affirmation under 1 am aware that any false inforconstitutes a third degree felor	ember or an authorized representative of a member. 05.0203 (1) (b), Florida Statutes, the execution of this document er the penalties of perjury that the facts stated herein are true. mation submitted in a document to the Department of State my as provided for in s.817.155, F.S.) Typed or printed name of signee

ARTICLE IV-

Page 2 of 2