

Apr. 1 2014 4:28 PM

L14000063491

No. 3258 Page 1 of 2

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.

((H14000092424 3)))



H140000924243AEG

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 : FRANK GUTTA CPA PA
Account Number : I19990000055
Phone : (954) 452-8813
Fax Number : (954) 452-8359

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

Email Address: bns227@aol.com

FLORIDA LIMITED LIABILITY CO.
Vapor Life 8, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

2014 APR 17 11:10

6:11 PM

RECEIVED

14 APR 17 PM 4:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help APR 18 2014

EXAMINER

4/17/2014

Fax Audit #: H140000924243

ARTICLES OF ORGANIZATION
OF
Vapor Life 8, LLC

The undersigned, acting as organizer of Vapor Life 8, LLC a Company organized and created pursuant to Chapter 605, Florida Statutes, hereby adopt the following Articles of Organization for said Florida limited liability company:

ARTICLE I.

The name of the limited liability company shall be:

Vapor Life 8, LLC

ARTICLE II.

The mailing and street address of the principal office of the limited liability company is:

425 NE 30th St.
Apt 604
Miami, FL 33137

ARTICLE III.

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

Bennie Shaw
425 NE 30th St.
Apt 604
Miami, FL 33137

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 605, F.S.

X Bennie N Shaw II
Bennie Shaw, Registered Agent

Prepared by:
Gutts Sharfi & Co. CPA's Inc.
490 Sawgrass Corporate Parkway Suite 310
Sunrise, FL 33325
Phone: (954) 452-8813
Fax: (954) 452-8359

Fax Audit #: H140000924243

2014 APR 17 AM 10

Fax Audit #: H140000924243

ARTICLE IV.

This limited liability company is to be managed by One Managing Member and is therefore a member-managed company. The name and address of each Manager or Managing Member is as follows:

Bennie Shaw- Managing Member
425 NE 30th St.
Apt 604
Miami, FL 33137

In accordance with section 605, Florida Statutes, the execution of this document constitutes an affirmation under the penalties or perjury that the facts stated herein are true.

X Bennie N Shaw IV

Bennie Shaw, Managing Member

*Signature of Member or authorized representative of a member

Prepared by:
Gutta Sharfi & Co. CPA's Inc.
490 Sawgrass Corporate Parkway Suite 310
Sunrise, FL 33325
Phone: (954) 452-8813
Fax: (954) 452-8359

Fax Audit #: H140000924243

2014 APR 17 AM 11:10

2014 APR 17