

L140000085768

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.

(((H14000125310 3)))



H140001253103ABCR

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 : CORP USA
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (786) 409-5946

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

Email Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 MAY 28 PM 4:15

FILED

FLORIDA LIMITED LIABILITY CO.
LAS OLAS VAPORS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

RECEIVED

14 MAY 28 AM 6:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

13 MAY 28 2014

4

414000125310

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LAS OLAS VAPORS, LLC
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

CHRISTOPHER J. ROTELLA
Name of Person

LAS OLAS VAPORS, LLC
Firm/Company

3300 NORTH FEDERAL HIGHWAY, SUITE 200
Address

FORT LAUDERDALE, FL 33306
City/State and Zip Code

lasolasvapors@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CHRISTOPHER J. ROTELLA at (954) 805-4266
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| ☒ \$125.00 Filing Fee | ☐ \$130.00 Filing Fee &
Certificate of Status | ☐ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | ☐ \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|---|---|---|---|

Mailline 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

ARTICLE I - Name:

The name of the Limited Liability Company is:

LAS OLAS VAPORS, LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

3300 NORTH FEDERAL HIGHWAY
SUITE 200
FORT LAUDERDALE, FL 33306

3300 NORTH FEDERAL HIGHWAY
SUITE 200
FORT LAUDERDALE, FL 33306

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

GARY J. ROTELLA, ESQUIRE
Name

1500 NORTH FEDERAL HIGHWAY, SUITE 250
Florida street address (P.O. Box NOT acceptable)

FORT LAUDERDALE FL 33304
City 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 693, F.S.

[Signature]
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

FILED
14 MAY 28 PM 4:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H14000125310

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR MRB

Name and Address:

CHRISTOPHER J. ROTELLA
3300 NORTH FEDERAL HIGHWAY, SUITE 200
FORT LAUDERDALE, FL 33308

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 MAY 28 PM 4:15

FILED

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Christopher J. Rotella

Signature of a member or an authorized representative of a member.
(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

CHRISTOPHER J. ROTELLA

Typed or printed name of signee

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)