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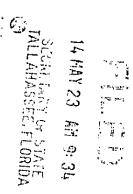
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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Freedom 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:
Elisha Lynn McKim Name of Person
Firm/Company
1045 Green Road Address
Rockledge, FL 32955  City/State and Zip Code  Elisha 1015 D hotmail. com  E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Elisha L. NcKim at (321) 591-5613  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)

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

ARTICLE I - Name: The name of the Limited Liability Company is:		
Freedom Vapors, LLC (Must end with the words "Limited I	Liability Company, "L.L.C.," or "L	LC.")
ARTICLE II - Address: The mailing address and street address of the principal off	fice of the Limited Liability Compa	any is:
Principal Office Address:	Mailing Address:	
1045 Green Road Rockedge, FL	1045 Green R Rockledge, FL	pad
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own Fanother business entity with an active Florida registration.)  The name and the Florida street address of the registered at the control of the registered at the	Registered Agent. You must design .)	ate an individual or
		01-
<u>Rebecca Cox</u> Name		
5490 Florida f Florida street address (P.O. Box	Octor Ave NOT acceptable)	AMY 23
<u>Cocoa</u>	FL 32927	
City	Zip	OR 99
Having been named as registered agent and to accept servence the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions of my duties, and I am familiar with and accept the oblice.  Chapte	the appointment as registered agen f all statutes relating to the proper o	t and agree to act in this and complete performance
Rdap		
Registered Agent's Signatu	ure (REQUIRED)	
(CONTINUE	ED)	

Page 1 of 2

"AMBR" = Authorized Member "MGR" = Manager AMBR	<u>Title:</u>	Name and Address:	<b>K</b> h	ő
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\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)