

L14000126968

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

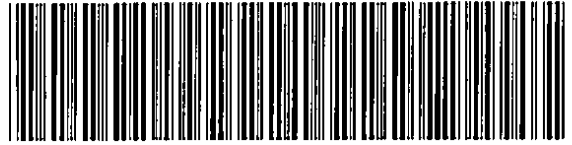
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000317706700

RECEIVED
DEPARTMENT OF STATE

18 SEP -4 PM 39

FILED

18 SEP -4 AM 9:00

SECRETARY OF STATE
PALM BEACH, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 5, 2018

CSC

RESUBMIT

Please give original
submission date as file date.

SUBJECT: VAPORFI FRANCHISING LLC.
Ref. Number: L14000126968

We have received your document for VAPORFI FRANCHISING LLC. and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

Name of company does not match the name on cover sheet.


If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons
Regulatory Specialist III

Letter Number: 918A00018291

18 SEP -5 PM 1:58
DIVISION OF CORPORATIONS
FLORIDA DEPARTMENT OF STATE

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 373342 4305340
AUTHORIZATION : 
COST LIMIT : \$ 25.00

ORDER DATE : September 4, 2018
ORDER TIME : 11:16 AM
ORDER NO. : 373342-005
CUSTOMER NO: 4305340

DOMESTIC FILINGS

NAME: VAPORFI FRANCHISING LLC.

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Emily Croft - EXT# 62925

EXAMINER'S INITIALS: _____

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

VAPORFI FRANCHISING LLC

2. The Articles of Organization were filed on 08/13/2014 and assigned

document number L14000126968

3. The delayed effective date the dissolution if not effective on the date of filing: _____
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

The consent of all the members.

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: _____

6. Signature of an authorized person or if there are no members, the signature of the person appointed and listed above to wind up the company's activities and affairs:

/s/ Nicolas Molina

Signature

Nicolas Molina

Printed Name

FILING FEE: \$25.00

FILED
18 SEP -14 AM 9:00
CLERK OF THE COURT
JANUARY 17 2015