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SECRETARY OF STATE DIVISION OF CORPORATIONS

DEC O 8 2014 J. HARRIS

COVER LETTER

	ion Section of Corporations		
SUBJECT: VAP	OR HIGH		
	Name of Lin	mited Liability Company	
	eles of Organization and fee(s) a	_	
<u>JOSE</u>	PH HERNANDEZ	Name of Person	
		Name of Person	
VAPO	R HIGH	F: (G	
		Firm/Company	
<u>16321</u>	SW 42ND TER.	Address	
		Address	
<u>MIAM</u>	I, FL 33185	City/State and Zip Code	·
IOERNETA			
<u>JOESNET@</u>	E-mail address: (to be use	ed for future annual report notifica	ation)
For further informa	ation concerning this matter, ple	ase call:	
JOSEPH HERNA	ANDEZ at (786) 398-1053	
	Name of Person		lephone Number
Enclosed is a check	k for the following amount:		
☐ \$125.00 Filing Fee	E \$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)
<u> </u>	Mailing Address	Street/Courier Add	ress

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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:	
VAPOR HIGH LLC (Must end with the words "Limite	ed 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:
16321 SW 42ND TER MIAMI, FL 33185	16321 SW 42ND TER MIAMI, FL 33185
ARTICLE III - Registered Agent, Registered Office (The Limited Liability Company cannot serve as its ow another business entity with an active Florida registrat	n Registered Agent. You must designate an individual or
The name and the Florida street address of the registere	ed agent are:
JOSEPH HERNANDEZ	
Nan	ne
16321 SW 42ND TER.	
Florida street address (P.O. B	ox <u>NOT</u> acceptable)
MIAMI	FL 33185
City	Zip
Having been named as registered agent and to accept :	service of process for the above stated limited liability compa

ny 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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

	Title: "AMBR" = Authorized Me" "MGR" = Manager MGR	ember	Name and Address: JOSEPH HERNANDEZ	
			16321 SW 42ND TER MIAMI, FL. 33185	
	AMBR		MARGARITA HERNANDEZ 16321 SW 42ND TER MIAMI, FL. 33185	
If an e	(Use attachment if necessa LE V: Effective date, if other ffective date is listed, the date of filling.)	er than the date of filing:	(OPTIONAL) I cannot be more than five business days prior to or 90 days after	r
ARTIC	LE VI: Other provisions, if a	ny.		
ARTIC	LE VI: Other provisions, if a	ny.		

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

Filing Fees:

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

JOSEPH HERNANDEZ

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)

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