

L15000080478

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

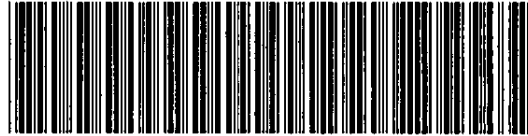
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Neil gave permission to  
Correct Name (added SOBE);  
to remove him as MBR;  
and remove effective date  
mm 5/7/15

Office Use Only



500270658415

03/24/15--01005--002 \*\*125.00

FILED  
15 MAY -7 PM 1:36  
RECEIVED  
MAY 15 2015  
FBI - TAMPA

M. MILLIGAN  
EXAMINER

MAY -7 2015

625

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SMOKELESS PLANET SOBE 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:

NEIL FLORIN

Name of Person

SMOKELESS PLANET SOBE

Firm/Company

1454 WASHINGTON AVE.

Address

MIAMI BEACH, FLORIDA 33139

City/State and Zip Code

neil@sunshinestatedistributors.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Neil Florin at (305) 788-2773

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)

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 15, 2015

NEIL FLORIN  
1454 WASHINGTON AVE  
MIAMI BEACH, FL 33139

SUBJECT: SMOKELESS PLANET LLC  
Ref. Number: W15000026140

We have received your document for SMOKELESS PLANET LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date is not acceptable since it is not within five working days of the date of receipt.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Justin M Shivers  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 115A00007501

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SMOKELESS PLANET SOBE 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:

1454 WASHINGTON AVE  
MIAMI BEACH, FLORIDA  
33139

1454 WASHINGTON AVE  
MIAMI BEACH, FLORIDA  
33139

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:

Neil Florin

Name

3215 NE 207<sup>th</sup> Terrace

Florida street address (P.O. Box **NOT** acceptable)

Aventura

FL

33180

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 605, F.S..*

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED  
15 MAY - 7 PM 1:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

