

**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

**L15000084359  
FILED 8:00 AM  
May 04, 2015  
Sec. Of State  
kasaly**

**Article I**

The name of the Limited Liability Company is:  
VAPOR ARTIS, LLC.

**Article II**

The street address of the principal office of the Limited Liability Company is:  
2520 CORAL WAY  
SUITE #2522  
MIAMI, FL. US 33145

The mailing address of the Limited Liability Company is:  
2520 CORAL WAY  
SUITE #2522  
MIAMI, FL. US 33145

**Article III**

The name and Florida street address of the registered agent is:  
DANA MCGRAW  
2520 CORAL WAY  
SUITE #2522  
MIAMI, FL. 33145

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.

Registered Agent Signature: DANA MCGRAW

## **Article IV**

The name and address of person(s) authorized to manage LLC:

Title: MGR  
DANA MCGRAW  
2520 CORAL WAY, SUITE 2522  
MIAMI, FL. 33145 US

**L15000084359**  
**FILED 8:00 AM**  
**May 04, 2015**  
**Sec. Of State**  
kasaly

Signature of member or an authorized representative

Electronic Signature: DANA MCGRAW

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

#L15000084359

## General Affidavit Form

I, Armin Dilles, personally appeared before  
Name of Affiant

the undersigned notary public, and under oath or affirmation make the following statements:

I have no intentions of revoking the Voluntary Dissolution electronically filed  
on May 1, 2015, Document Number L15000055922, therefore, releasing the  
name VAPOR ARTIS for use to another entity.

#500272568875

Date: May 8, 2015

State of Florida

County of Miami-DadeSigned and sworn to (or affirmed) before me on May 8, 2015  
Dateby Armin Dilles

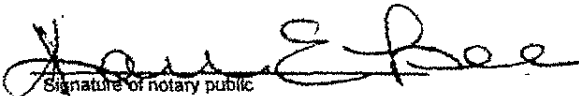
Printed name(s) of individual(s) making statement

who proved to me on the basis of satisfactory evidence to be the person(s)  
who appeared before me.☒ Personally Known

or

☐ Produced Identification

Type of ID \_\_\_\_\_



Signature of notary public

(Name of notary, typed, stamped)

Notary Public State of Florida

KAREN E. LEE  
MY COMMISSION # EE 872248  
EXPIRES: February 7, 2017  
Bonded Thru Budget Notary Services

Stamp/Seal

My commission expires: \_\_\_\_\_