U5000124319

(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:					
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6U0274726326 07/20/15-01021--004 **130.00



JUL 24 2015 T. LEMIEUX

COVER LETTER

	egistration Section ivision of Corporations		
SUBJECT	Inner Circle Vapor LLC		
SUBJECT		Limited Liabili	y Company
The enclos	ed Articles of Organization and fee(s) are submitted	for filing.
Please retu	m all correspondence concerning this	matter to the fo	ollowing:
	Yvonne Shaw		
		Name of	Person
	Inner Circle Vapor		
	**************************************	Firm/Con	npany
	11254 Musette Circle		
	49-9-9-015	Addre	SS
	Alpharetta, GA 30009		
:	shaw1999@live.com	City/State and	Zip Code
-	E-mail address: (to be u	sed for future ar	inual report notification)
For further in	nformation concerning this matter, plo	ease call:	
	Yvonne Shaw		524-2527
	at Name of Person	Area Code	Daytime Telephone Number
Enclosed is	a check for the following amount:		
\$125.00 Fi	_	Certifie —	Solution Figure 1. Section 1. Sec
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314] [Street Address New Filing Section Division of Corporations Clifton Building 1661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Inner Circle Vapor	LLC.			
(Must end	with the words "Limited Lial	oility Company, "L.L	.C.," or "LLC.")	
RTICLE II - Address:				
e mailing address and street	address of the principal office	of the Limited Liabil	lity Company is:	
<u>Princi</u>	pal Office Address:		Mailing Address:	
27 SE 1st Ave.	27 SE 1st Ave.		11254 Musette Circle	
Miami, FL 33131				
TICLE III - Registered Ape Limited Liability Compan	gent, Registered Office, & Roy y cannot serve as its own Regiactive Florida registration.)	egistered Agent's Si		
RTICLE III - Registered Agine Limited Liability Companiother business entity with an	y cannot serve as its own Regiactive Florida registration.) t address of the registered agen	egistered Agent's Signstered Agent. You m	gnature:	
RTICLE III - Registered Aprile Limited Liability Companiother business entity with an	y cannot serve as its own Regiactive Florida registration.)	egistered Agent's Si istered Agent. You m nt are:	gnature:	
RTICLE III - Registered Aprile Limited Liability Companiother business entity with an	y cannot serve as its own Reg active Florida registration.) t address of the registered age Bennie N. Shaw	egistered Agent's Si istered Agent. You m nt are:	gnature:	
RTICLE III - Registered Aprile Limited Liability Companiother business entity with an	y cannot serve as its own Reg active Florida registration.) t address of the registered ages Bennie N. Shaw	egistered Agent's Signistered Agent. You must are:	gnature: ust designate an individu	
RTICLE III - Registered Aprile Limited Liability Companiother business entity with an	y cannot serve as its own Reg active Florida registration.) t address of the registered ages Bennie N. Shaw Na: 425 NE 30th Street	egistered Agent's Signistered Agent. You must are:	gnature: ust designate an individu	

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)

Page 1 of 2

Title: "AMBR" = Author	ized Member	Name and Address:
"MGR" = Manager		Bennie N. Shaw IV
		425 NE 30th Street
		Miami, FL 33137
MGR		Yvonne Shaw
		11254 Musette Circle
		Alpharetta, GA 30009
•		**************************************
(Use attachment if a	necessary)	
	-,	filing: 7-1-2015 (OPTIONAL)
	-,	f filing: 7-1-2015 . (OPTIONAL) ific and cannot be more than five business days prior to or 90 days after
ICLE V: Effective date. a effective date is listed, ate of filing.)	, if other than the date of the date must be speci	
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ICLE V: Effective date is effective date in effective date is listed, ate of filing.) If the date inserted in locument's effective date in effective date. ICLE VI: Other provision required in the effective date. REQUIRED SIGN This	this block does not mee on the Department of ons, if any. Signature of a mem is document is executed.	et the applicable statutory filing requirements, this date will not be listed a State's records.

Filing Fees:

Typed or printed name of signee

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

Yvonne Shaw

Date of this notice: 07-15-2015

Employer Identification Number: 47-4533601

Form: SS-4

Number of this notice: CP 575 G

INNER CIRCLE VAPOR BENNIE NATHANIEL SHAW IV SOLE MBR 11254 MUSETTE CIR ALPHARETTA, GA 30009

For assistance you may call us at: 1-800-829-4933

IF YOU WRITE, ATTACH THE STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 47-4533601. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

A limited liability company (LLC) may file Form 8832, Entity Classification Election, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, Election by a Small Business Corporation. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

IMPORTANT REMINDERS:

- * Keep a copy of this notice in your permanent records. This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you. You may give a copy of this document to anyone asking for proof of your EIN.
- * Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- * Refer to this EIN on your tax-related correspondence and documents.

If you have questions about your EIN, you can call us at the phone number or write to us at the address shown at the top of this notice. If you write, please tear off the stub at the bottom of this notice and send it along with your letter. If you do not need to write us, do not complete and return the stub.

Your name control associated with this EIN is INNE. You will need to provide this information, along with your EIN, if you file your returns electronically.

Thank you for your cooperation.