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COVER LETTER

	degistration Section Pivision of Corporations	
SUBJECT	Best E-Liquid Brands, LLC	
SOBJEC	Name of L	imited Liability Company
The enclose	sed Articles of Organization and fee(s)	are submitted for filing.
Please retu	ırn all correspondence concerning this i	natter to the following:
	Neil Florin	
		Name of Person
		Firm/Company
	3215 NE 207th Terrace	
		Address
	Aventura, Florida 33180	
	neil@sunshinestatedistributors.com	City/State and Zip Code
	E-mail address: (to be use	d for future annual report notification)
For further	nformation concerning this matter, plea	ise call:
	Neil Florin at (305 788-2773
	Name of Person	Area Code Daytime Telephone Number
Enclosed i	s a check for the following amount:	
\$125.00 F	iling Fee \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	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 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:				r = c	5
The name of the Limited Liabilit	y Company is:				SUS I
Best E-Liquid Brands	, LLC			٠	
		l Liability Company, "I	L.C.," or "LLC.")	• .5"	
ARTICLE II - Address: The mailing address and street ad	ldress of the principal o	office of the Limited Lia	ability Company is:	- <u></u>	ا ئ
<u>Principa</u>	al Office Address:		Mailing Address:	1	
3215 NE 207th Terra	ce	3215 NI	E 207th Terrace		
Aventura, Florida 33	80	Aventur	a, Florida 33180		
another business entity with an a The name and the Florida street a	-	,			
	Nen 1 long	Name			
	3215 NE 207th Terra	nce			
	Florida street address (P.O. Box NOT acceptable)				
	Aventura	Florida	33180		
	City	State	Zip		
Having been named as registered a place designated in this certificate, further agree to comply with the pr am familiar with and accept the ob	I hereby accept the app ovisions of all statutes re	ointment as registered a elating to the proper and	gent and agree to act in this d complete performance of m	capacity. I y duties, ar	1

(CONTINUED)

Page 1 of 2

Title:	Name and Address:	
"AMBR" = Authorized Member	•	ज
"MGR" = Manager		7010
MGR	Neil Florin	<u> </u>
	3215 NE 207th Terrace	******
	Aventura, Florida 33180	
MOD	T 14 19	- 12
MGR	Jonathan Keller	
	360 N. Shore Drive	
	Bradenton, Florida 34234	
		;

(Use attachment if necessary) TICLE V: Effective date, if other than the date.	ate of filing: (OPTIONA	L
TICLE V: Effective date, if other than the date in effective date is listed, the date must be adate of filing.) te: If the date inserted in this block does not document's effective date on the Department.	ate of filing: (OPTIONAl specific and cannot be more than five business days prior to the meet the applicable statutory filing requirements, this date not of State's records.	to or 90 days
TICLE V: Effective date, if other than the date an effective date is listed, the date must be date of filing.) te: If the date inserted in this block does not document's effective date on the Department.	specific and cannot be more than five business days prior to at meet the applicable statutory filing requirements, this date	to or 90 days
TICLE V: Effective date, if other than the date an effective date is listed, the date must be date of filing.) ote: If the date inserted in this block does not document's effective date on the Department of an effective date on the Department of an This document is exectly am aware that any factorized an effective date.	specific and cannot be more than five business days prior to at meet the applicable statutory filing requirements, this date	will not be li
PICLE V: Effective date, if other than the date neffective date is listed, the date must be a date of filing.) A: If the date inserted in this block does not document's effective date on the Department of the date of the date inserted in this block does not document's effective date on the Department of the date of the date inserted in this block does not document's effective date on the Department of the date inserted in this block does not document of the date inserted in this block does not document of the date inserted in this block does not document of the date inserted in this block does not document of the date inserted in this block does not document of the date inserted in this block does not document of the date inserted in this block does not document of the date inserted in this block does not document of the date inserted in this block does not document of the date inserted in this block does not document of the date inserted in this block does not document of the date inserted in this block does not document of the date inserted in this block does not document of the date inserted in this block does not document of the date inserted in this block does not document of the date inserted in this block does not document of the date inserted in this block does not document of the date inserted in this block does not document of the date inserted in this block does not document of the date inserted in the	specific and cannot be more than five business days prior to meet the applicable statutory filing requirements, this date not of State's records. member or an authorized representative of a member. Couted in accordance with section 605.0203 (1) (b), Florida States information submitted in a document to the Department of the departmen	will not be lis

Filing Fees:
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)