

12/12/2017

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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : CORP USA
Account Number : 072450003255
Phone : (305)634-3694
Fax Number : (305)633-9696

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Correction*

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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FLORIDA LIMITED LIABILITY CO.
black label cures vape, llc

Certificate of Status	0
Certified Copy	1
Page Count	02
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December 13, 2017

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CORP USA

SUBJECT: BLACK LABEL CURES VAPE, LLC
REF: W17000098422

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

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes.

Please return 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) 245-6052.

Keyna E Page
Regulatory Specialist II

FAX Aud. #: H17000325588
Letter Number: 217A00025159

P.O BOX 6327 - Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

EFFECTIVE DATE: JANUARY 2, 2018

ARTICLE I - Name:

The name of the Limited Liability Company is: Black Label Cures Vape, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

900 N. Federal Highway, Unit #105
Hollywood, FL 33020

ARTICLE III - Registered Agent, Registered Office & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

Mark Bernstein
Name

2131 Hollywood Blvd. #508, Hollywood, FL 33020
Florida street address (P.O. Box NOT acceptable)

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 608, F.S.

[Signature]
Registered Agent's Signature

ARTICLE IV - Management (Check box if applicable.)

☐ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

The initial members are:

Greg Rosen, Managing Member
900 N. Federal Highway, #105
Hollywood, FL 33020

Mike Young, Manager
900 N. Federal Highway, #105
Hollywood, FL 33020

Jeremy Roberts, Manager
900 N. Federal Highway, #105
Hollywood, FL 33020

Dylan Poiencot, Manager
900 N. Federal Highway, #105
Hollywood, FL 33020

[Signature]
Signature of a member or an authorized representative of a member.

(In accordance with section 605.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Mark Bernstein
Typed or printed name of signer