

L18000146385

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

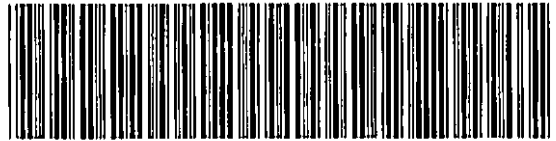
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700314386107

06/13/16--01012--008 **180.00

SECRETARY OF STATE
GALLAHASSEE, FLORIDA

2016 JUN 13 AM 11:59

FILED

K. PAGE
JUN 15 2016

THE LAW OFFICE OF CHRISTOPHER LEDDY

189 COURTNEY COURT
TOMS RIVER, NEW JERSEY 08753
P: 732-674-3622
F: 609-756-0683
CLeddyLaw@gmail.com

June 7, 2018

VIA UPS

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**Re: Filing of Articles of Organization
J&L Vape, L.L.C.**

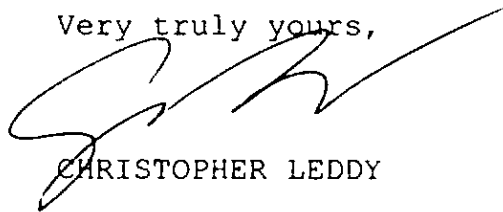
To Whom It May Concern:

Please find enclosed J&L Vape, L.L.C.'s application for its Articles of Organization with the State of Florida. Further, please find enclosed a check in the amount of \$160.00 for the filing fee, certificate of status, certified copy.

Should you need anything further, please do not hesitate to contact me.

Thank you for your time in advance.

Very truly yours,



CHRISTOPHER LEDDY

Enclosure

cc: Clients (via email w/encl.)

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: J&L Vape, L.L.C.

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:

Dr. John Salerno

Name of Person

J&L Vape, L.L.C.

Firm/Company

12 East 52nd Street, Suite 4

Address

New York, New York 10021

City/State and Zip Code

lisademayo3@gmail.com

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

For further information concerning this matter, please call:

Lisa DeMayo

516

729-8192

at (_____) _____

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

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:

The name of the Limited Liability Company is:

J&L Vape, L.L.C.

(Must contain 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:

55 North 4th Street
Cocoa Beach, FL 32931

Mailing Address:

12 East 52nd Street, Suite 4
New York, New York 10021

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:

MIKE BIONDI

Name

2021 N. Atlantic Avenue, Suite #238

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

Cocoa Beach

FL

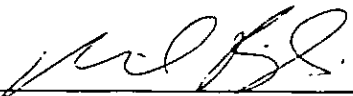
32931

City

State

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
2019 JUN 13 AM 11:59
CLERK OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

AMBR

Name and Address:

Dr. John Salerno

12 East 52nd Street, Suite 4

New York, New York 10021

Lisa DeMayo

2 Schindler Lane

Monroe, NJ 08831

FILED
JUN 13 AM 11:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Use attachment if necessary)

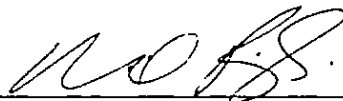
ARTICLE V: Effective date, if other than the date of filing: _____, (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



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

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
I am aware that any 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.

Dr. John Salerno

Typed or printed name of signee

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)