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(Re	questor's Name)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
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(Dc	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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THE DESIGNATION OF STATE

K Bumpley

CAPITAL CONNECTION, INC.417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 is (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

VAPOR SOLUTIONS	LAB LLC			
 	 			
	<u> </u>			
	. -		· -	
				Art of Inc. File
				LTD Partnership File
				Foreign Corp. File
				L.C. File
				Fictitious Name File
				Trade/Service Mark
		Ì		Merger File
				Art. of Amend. File
				RA Resignation
				Dissolution / Withdrawal
				Annual Report / Reinstatement
				Cert. Copy
				Photo Copy
				Certificate of Good Standing
				Certificate of Status
				Certificate of Fictitious Name
				Corp Record Search
			<u> </u>	Officer Search
				Fictitious Search
Signature				Fictitious Owner Search
				Vehicle Search
			<u> </u>	Driving Record
Requested by: Seth	11/04/19			UCC 1 or 3 File
Name	Date	Time		UCC 11 Search
			<u> </u>	UCC 11 Retrieval
Walk-In	Will Pick Up			Courier

COVER LETTER

2000

10: New Filing Section Division of Corporations	
SUBJECT: VAPOR SOLUTIONS LABILLO	
	Liability Company
The enclosed Articles of Organization and fee(s) are sul	omitted for filing.
Please return all correspondence concerning this matter	
EMANUELLE OLIVEIRA	
	ame of Person
CSG CAPITAL SERVICES GRO	IIP INC
	irm/Company
1191 E NEWPORT CENTER DE	PIVE SUITE 103
	Address
DEERFIELD BCH, FL 33442	
	itate and Zip Code
EMANUELLE@THEWAYGROUP	P.BIZ
E-mail address: (to be used for	future annual report notification)
For further information concerning this matter, please call	l:
EMMA 91.6	054 427 4770
Name of Person Area (954.427.4770 Code Daytime Telephone Number
71.04	Daytime Telephone Number
Enclosed is a check for the following amount:	
Certificate of Status	\$155.00 Filing Fee & S160.00 Filing Fee, Certified Copy dditional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address	Street Address
New Filing Section Division of Corporations	New Filing Section
P.O. Box 6327	Division of Corporations Clifton Building
Tallohorsee El 20214	2//15

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

-ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

VAPOR SOLUTIONS LABILLO

(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:	Mailing Address:
300 NW 48TH CT	SAME
POMPANO BCH, FL 33064	

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:

MARCOS REZENDE -	CSG CAPITAL SERV	ICES GROUP INC
	Name	
1191 E NEWPORT CE	NTER DRIVE SUITE	103
Florida street addres	ss (P.O. Box NOT a	cceptable)
DEERFIEL	D BCH, FL 33442	
City	State	Zip

Having been named as registered agent and to accept service of process for the above styled 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 in 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..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

IG MOV

		Name and Address:
"AMBR" =	Authorized Member	
"MGR" =		
AMBR	. 3	MICHEL TIAGO S. TOGNOLI
	···	300 NW 48TH CT
		POMPANO BCH, FL 33064
AMBR		
	 _	RAFAEL F. SATO
		300 NW 48TH CT
		POMPANO BCH, FL 33064
AMBR		TARSON DE COUZA
		TARSO V. DE SOUZA 300 NW 48TH CT
		POMPANO BCH, FL 33064
(Lise attack	ment if necessary)	
(000 01.000	mont ii necessary)	
LEV: Effec	tive date, if other than the da	te of filing: (OPTIONIAL)
LEV: Effec	tive date, if other than the da	te of filing: (OPTIONAL)
itective date	tive date, if other than the da is listed, the date must be s	te of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90 days a
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e of filing.) If the date in cument's effe	s listed, the date must be served in this block does not ctive date on the Department reprovisions, if any. ED SIGNATURE: Signature of a nation of this document is executed.	specific and cannot be more than five business days prior to or 90 days a sement the applicable statutory filing requirements, this date will not be listent of State's records.

Typed or printed name of signee

TARSO V. DE SOUZA

ARTICLE IV-

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