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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer.	
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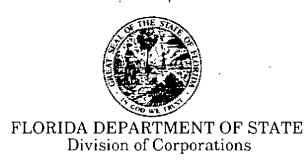
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February 27, 2020

PAUL VAIRO 12487 SEMINOLE BLVD LARGO, FL 33778

SUBJECT: VIPER VAPE & SMOKE LLC

Ref. Number: W20000021275

We have received your document for VIPER VAPE & SMOKE LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), Florida Statutes, the entity must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

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.

Letter Number: 520A00004331

Marti Simmons Regulatory Specialist II

www.sunbiz.org

COVER LETTER

TO: New Filing Section Division of Corporations		
Division of Corporations		
SUBJECT: Viper Vape \$ 5 (Name of Resu	MOKE LLC	
(Name of Resu	illing Florida Limited Co	mpany)
The enclosed Articles of Conversion, Article Business Entity" into a "Florida Limited Lia		
Please return all correspondence concerning	this matter to:	
Paul Vaira (Contact Person)		
Viper Vape & Snoke Le (Firm/Company)		
(Firm/Company)		
12487 Senivole Blux (Address)		
(Address)		
Largo El 33778		
L9790 F1 33778 (City, State and Zip Code)		
VI DECUADA LARGO D CME-1	COM	
E-mail Address: (to be used for future annual rep	ort notifications)	
For further information concerning this matter	ter, please call:	
Paul Vairo	at (727) 2	70-7674
(Name of Contact Person)	(Area Code) (Da	ytime Telephone Number)
Enclosed is a check for the following amoundollars and drawn on a bank located in the U	· ·	ssed by this office must be payable in US
\$150.00 Filing Fees S155.00 Filing Fees	□\$180.00 Filing Fees	□\$185.00 Filing Fees,
(\$25 for Conversion and Certificate of \$125 for Articles of Organization)	and Certified Copy	Certified Copy, and Certificate of Status
Mailing Address:	Stree	et Address:
New Filing Section	New Filing Section New Filing Section	
Division of Corporations	·	
New Filing Section	Divi: The	•

Tallahassee, FL 32303

Articles of Conversion

 $\mathbf{v} = \mathbf{v} = \begin{bmatrix} \mathbf{v} & \mathbf{v} \\ \mathbf{v} & \mathbf{v} \end{bmatrix}$

For

"Other Business Entity"

Into

Florida Limited Liability Company

The Articles of Conversion <u>and attached Articles of Organization</u> are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.605.1045, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:
Vi Per Vale & Smoke Company (Enter Name of Other Business Entity)
2. The "Other Business Entity" is a
First organized, formed or incorporated under the laws of Floridg (Enter state, or if a non-U.S. entity, the name of the country)
on
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Vi Per V9Pe & SMOKE LLC (Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: 2-1-2020. (The effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after the date this document is filed by the Florida Department of State.)
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.

- 5. The plan of conversion has been approved in accordance with all applicable statutes.
- 6. The "Converted or Other Business Entity" has agreed to pay any members having appraisal rights the amount to which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.

Signed this 28 day of January	_ 20 <u>_ 20</u>
Signature of Authorized Representative of Limit	ed Liability Company:
Signature of Authorized Representative: Printed Name: Paul Vair a	W
Printed Name: Paul Vair a	Title: President
Printed Name: Paul Valle	_ Hile
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)
Signature: Printed Name: Pqu Vqiro	
Printed Name: / Paul Ugico	_ Title: _ + Ces Lut
Signature: Printed Name:	Title: Parident
Signature:	
Printed Name:	
Signature:Printed Name:	_ Title:
Signature:	
Printed Name:	
Signature:Printed Name:	_ Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inc.	
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	y Partnership:
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	y Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:	
ViDer Vape & Smoke	e LLC. Company, "L.L.C.," or "LLC.")
(Must contain the words "Limited Liability	Company, "E.L.C.," or "LLC.")
ARTICLE II - Address:	
	incipal office of the Limited Liability Company is:
<u>-</u>	
Principal Office Address:	Mailing Address:
12487 Sominade RILLA	12487 Seminole RIVE
12487 Seminde Blue Largo Fl 33778	L9150 F1 33778
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	
The name and the Florida street address of the re	egistered agent are:
D- 1 110	
<u> </u>	<u> 10 </u>
Name	
12487 Seninol	, RIV)
Florida street address (P.O.	Box NOT acceptable)
<u> </u>	FL F1 33778 Zip
City	Zip
liability company at the place designated in registered agent and agree to act in this capaci statutes relating to the proper and complete p accept the obligations of my position as reg	accept service of process for the above stated limited this certificate, I hereby accept the appointment as ity. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and eistered agent as provided for in Chapter 605, F.S

(CONTINUED)

ARTICLE IV-

 $\phi_{ij}(x) = \phi_{ij}(x) f_{ij}(x) + \phi_{ij}(x)$

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

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	20,1110;
	Paul Ugira
	12487 Seminole Bluz Largu F1 33778
	<u> </u>
` P	Jeffrey Date
	12467 Cominsole Blud
	Faren FL 3377A
(Use attachment if necessary)	
,	
CLE V: Other provisions, if any.	
REQUIRED SIGNATURE:	
KEQUINED SIGNATURE.	1/1/
Signature of a member or	an authorized representative of a member e with section 605.0203 (1) (b), Florida Statutes. I am aware the
This document is executed in accordance	e with section 605.0203 (1) (b), Florida Statutes. I am aware th iment to the Department of State constitutes a third degree felo
as provided for in s.817.155, F.S.	intent to the Department of State constitutes a time degree relo
-	0
	7901 V9, ro
Ty	yped or printed name of signee Filing Fees

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)