

L23000118445

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

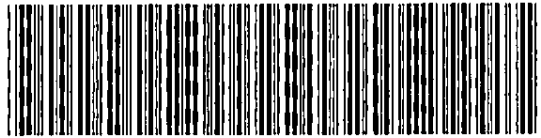
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2023 MAR 14 PM 2:58

SECRETARY OF STATE
TALLAHASSEE, FL

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2023 MAR 14 AM 10:21

DIRECTOR OF CORPORATIONS
DIVISION OF REVENUE
TALLAHASSEE, FLORIDA

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

Please use funds from this account: 120210000160: AMOUNT: 125.00

Authorization Signature: *Jan F. [Signature]*

Insane Vape & Smoke Shop 5 LLC

BUSINESS NAME _____ **Document #** _____

☐ Certified Copy of Articles

☐ Certificate of Status

NEW FILINGS

☐ Profit Corp
☐ Not for Profit
☒ Limited Liability

☐ Domestication
☐ Other
☐ **CORP**
☐ **LLLP**

OTHER FILINGS

☐ Annual Report
☐ Fictitious Name
☐ APOSTILLE _____
Country

AMMENDMENTS

☐ Amendment
☐ Resignation of R.A. Officer/Director
☐ Change of Registered Agent or office
☐ Dissolution
☐ Merger
☐ Conversion
☐ Amended and restated Articles
☐ Statement of Authority

REGISTRATION/QUALIFICATIONS

☐ Foreign filing
☐ Limited Partnership
☐ Reinstatement
☐ Other

EXAMINER'S INITIALS: _____

COVER LETTER

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

SUBJECT: INSANE VAPE & SMOKE SHOP 5 LLC

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:

SANAD ALOMARI

Name of Person

Firm/Company

1841 N HIGHLAND AVE UNIT I

Address

CLEARWATER, FL 33755

City/State and Zip Code

abdbuirat@gmail.com

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

For further information concerning this matter, please call:

SANAD ALOMARI

305

988-2420

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

INSANE VAPE & SMOKE SHOP 5 LLC

(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:

1841 N HIGHLAND AVE UNIT 1
CLEARWATER, FL 33755

Mailing Address:

1841 N HIGHLAND AVE UNIT 1
CLEARWATER, FL 33755

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:

ABDALHADI BUIRAT

Name

1841 N HIGHLAND AVE UNIT 1

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

<u>CLEARWATER</u>	<u>FL</u>	<u>33755</u>
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..

HB

Abdallah Buirat (Mar 13, 2023 21:05 EDT)

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FL

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

AMBR

ABDALHADI BUIRAT
1841 N HIGHLAND AVE UNIT 1
CLEARWATER, FL 33755

AMBR

SANAD ALOMARI
1841 N HIGHLAND AVE UNIT 1
CLEARWATER, FL 33755

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TALLAHASSEE FL

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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 03/14/2023 (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:

Abdalhadi Buirat (Mar 13, 2023 21:05 EDT)

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.

ABDALHADI BUIRAT

Typed or printed name of signer

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)