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FLORIDA DEPARTMENT OF STATE Division of Corporations

June 26, 2013

MARCI A. RUBIN, ESQ.
PHILLIPS, CANTOR, SHALEK & RUBIN, P.A.
4000 HOLLYWOOD BLVD., SUITE 500-N
HOLLYWOOD, FL 33021

SUBJECT: AMERICAN VAPORIZER, LLC

Ref. Number: W13000036813

We have received your document for AMERICAN VAPORIZER, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

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) 245-6051.

Tammi Cline Regulatory Specialist II

Letter Number: 713A00015991

CR2E027 (9/10)

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: American Vaporizer, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Marci A. Rubin, Esq.

Name of Person

Phillips, Cantor, Shalek & Rubin, P.A.

4000 Hollywood Blvd., Suite 500-N

Address

Hollywood, FL 33021

City/State and Zip Code

mrubin@phillipslawyers.com

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

For further information concerning this matter, please call:

Marci A. Rubin, Esq.

954

966-1820

Name of Person

Area Code & Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 STREET ADDRESS:

Division of Corporations Registration Section Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

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

☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. American Vaporizer, LLC (Name of Foreign Limited Liability Company; must inc	lude	e "Limited Liability Company," "L.L.C.,"	or "LLC.")		
(,,,,,,, .		,,	,		
(If name unavailable, enter alternate name adopted for the purp consent of the managers or managing members adopting the alt Company," "L.L.C," "L.L.C.")	oose	of transacting business in Florida and atta ate name. The alternate name must includ	ach a copy o e "Limited I	of the writte	1
₂ Delaware	3.				
2. (Jurisdiction under the law of which foreign limited liability company is organized)	٠.	(FEI number, if applicable	2)		
_{4.} June 11, 2013	5.	Perpetual			
(Date of Organization)		(Duration: Year limited liability compaexist or "perpetual")	any will cea	se to	
6.				6-13 625	
(Date first transacted business in F (See sections 608.501 & 608.502 F.	Flor .S. t	ida, if prior to registration.) o determine penalty liability)		- Card - Card - Same	į
_{7.} 151 N. Nob Hill Road, Unit 169, Pla	an	tation, Florida 33324		1 1	
			7:11	E	
(Street Addre	ss o	f Principal Office)	1.	ĊŢ.	Ť
8. If limited liability company is a manager-manage	d c	ompany, check here	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	သူ	
9. The name and usual business addresses of the ma	ana	ging members or managers are as f	ollows:		
William Fisher, 151 N. Nob Hill Roa	ad	, Unit 169, Plantation, Flo	rida 33	324	
Anthony Ferlanti, 9858 Glades Ro	oa	d, #221, Boca Raton, FL	33434		
10. Attached is an original certificate of existence, no more than 9 the jurisdiction under the law of which it is organized. (A photox translation of the certificate under eath of the translator must be s	copy	is not acceptable. If the certificate is in a f			s i
11. Nature of business or purposes to be conducted	or	promoted in Florida:			
any and all lawful business					
Mice an	lu	norized representative of a member			
(In accordance with section 608.408(3), F.S., the expensities of perjury that the facts stated herein are	ecu true	tion of this document constitutes an affirmatio . I am aware that any false information sul	n under the bmitted in a		

document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Typed or printed name of signee

Marci A. Rubin, Authorized Representative

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Co American Vaporizer, LL	_	
If unavailable, the alternate to be used in	the state of Florida is:	
2. The name and the Florida street addre	ess of the registered agent and office are:	
Marci A. Rubi	n	
	(Name)	700 00
4000 Hollywoo	od Blvd., Suite 500-N	2013 all
Florida Street	Address (P.O. Box NOT ACCEPTABLE)	पहुँ ज
Hollywood	FL 33021	
	City/State/Zip	<u> </u>

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, Florida Statutes.

Maria Warana (Signature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AMERICAN VAPORIZER, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SECOND DAY OF JULY, A.D. 2013.

130840259

AUTHENTY CATION: 0559839

DATE: 07-02-13