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| Certified Copies Certificates of Status | | | |
| Special Instructions to Filing Officer: | | | |
| W14-14-11 | 96 | | |



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NOV 13 2014 J. BRUCE

FLORIDA DEPARTMENT OF STATE Division of Corporations

October 22, 2014

KEVIN R. HAYES 183 RISLEY RD. ARNAUDVILLE, LA 70512

SUBJECT: VAPOR HAZE PENSACOLA, LLC

Ref. Number: W14000064196

We have received your document for VAPOR HAZE PENSACOLA, LLC and your check(s) totaling \$125.00. However, the document has not been filed and is being retained in this office for the following:

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.

Deborah Bruce Regulatory Specialist II

Letter Number: 514A000226281,

2014 NGV 12 PH 4: 03

COVER LETTER

Name of Limited Liability Company

Vapor Haze Pensacola, LLC

TO:

Registration Section Division of Corporations

| 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: |
| Kevin R. Hayes |
| Name of Person |
| Vapor Haze Pensacola, LLC |
| Firm/Company |
| 183 Risley Rd. |
| Address |
| Arnaudville, LA 70512 City/State and Zip Code kevinryanhayes@hotmail.com E-mail address: (to be used for future annual report notification) |
| City/State and Zip Code |
| kevinryanhayes@hotmail.com |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Kevin R. Hayes 337 280-4883 |
| Name of Contact 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: \$\Begin{array}{c} \Begin{array}{c} \Begin{array}{c} \Liming \text{ Fee} & \Begin{array}{c} \Begin{array}{c} \Sigma \text{ 155.00 Filing Fee} & \Begin{array}{c} \Begin{array}{c} \Sigma \text{ 160.00 Filing Fee}, \text{ Certificate} \\ \text{ Certified Copy} \end{array} \$\text{ Certified Copy} & \text{ of Status & Certified Copy} \$\text{ Certified Copy} & \text{ Certified Copy} & \text{ Certified Copy} \$\text{ Certified Copy} & \text{ Certified Copy} & \text{ Certified Copy} \$\text{ Certified Copy} & \text{ Certified Copy} & \text{ Certified Copy} \$\text{ Certified Copy} & \text{ Certified Copy} & \text{ Certified Copy} \$\text{ Certified Copy} & \text{ Certified Copy} & \text{ Certified Copy} \$\text{ Certified Copy} & \text{ Certified Copy} & \text{ Certified Copy} \$\text{ Certified Copy} & \text{ Certified Copy} & Certified |

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: 1. Vapor Haze Pensacola, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC.") , State of Louisiana (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) ⁴ July 1, 2014 (Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 5 3075 Panama Drive Pensacola, FL 32526 (Street Address of Principal Office) _{6.} 183 Risley Rd. Arnaudville, LA 70512 (Mailing Address) 7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Kevin R. Hayes - Managing Member 183 Risley Rd. Arnaudville, LA 70512 Perry Smithey - Member 3075 Panama Dr. Pensacola, FL 732526 8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

Signature of an authorized person
(In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 1

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.)

Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), 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 | • • • | · |
|--|--|------------|
| If unavailable, the alternate to be used in | n the state of Florida is: | |
| 2. The name and the Florida street addr | ess of the registered agent and office are | : |
| Perry Smithe | y | φ 2 |
| | (Name) | |
| 3075 Panama Dr. | | NOV I |
| Florida Street Address (P.O. Box NOT ACCEPTABLE) | | SER N |
| Pensacola | _{FL} 32526 | PH 4: 03 |
| | 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 605, Florida Statutes.

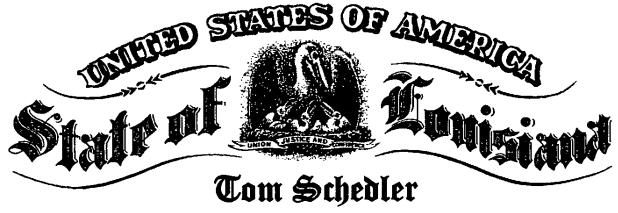
(Signature)

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)



SECRETARY OF STATE

As Secretary of States of the State of Louisiana, I do hereby Certify that

VAPOR HAZE PENSACOLA, LLC

A limited liability company domiciled in ARNAUDVILLE, LOUISIANA,

Filed charter and qualified to do business in this State on June 13, 2014,

I further certify that the records of this Office indicate the company has paid all fees due the Secretary of State, and so far as the Office of the Secretary of State is concerned, is in good standing and is authorized to do business in this State.

I further certify that this certificate is not intended to reflect the financial condition of this company since this information is not available from the records of this Office.

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

November 6, 2014

Certificate ID: 10542782#NJ62

To validate this certificate, visit the following web site, go to Commercial Division, Certificate Validation, then follow the instructions displayed.

www.sos.louisiana.gov

Secretary of State
Web 41551906K