MISO0	0006069
(Requestor's Name) (Address)	800274808318
(Address) (City/State/Zip/Phone #)	
(Business Entity Name) (Document Number)	SUFFICE
Certified Copies Certificates of Status Special Instructions to Filing Officer:	ACT OF PLUM
	FILED 2015 JUL 31 A 10: 54 SECRETARY OF STATE TALLAHASSEE, FLORID

Office Use Only

D. BRUCE

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE :

AUTHORIZATION :

730040 7835199 ANELO erada COST LIMIT : \$ 160.00

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ORDER DATE : July 31, 2015

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ORDER TIME : 9:21 AM

ORDER NO. : 730040-005

CUSTOMER NO: 7835199

## FOREIGN FILINGS

NAME: INSTORE VISION LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY <u>XX</u>\_\_\_ \_\_\_\_ PLAIN STAMPED COPY XX \_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER:

### COVER LETTER

#### TO: **Registration Section Division of Corporations**

InStore Vision LLC SUBJECT:

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:

me of Person		<u>.                                    </u>
m/Company		
Address		
ate and Zip Cod	Ľ	
for future annua	l report notification)	
	IA A	, s 2
800 at (	705-4030	5
Area Code	Daytime Telephone	
	STREET ADDRESS:	
		, , , , , , , , , , , , , , , , , , ,
	ate and Zip Code for future annua 800 at (	Address ate and Zip Code for future annual report notification) at ( <u>800</u> ) Area Code <u>705-4030</u> <u>TREET ADDRESS:</u> Division of Corporations

<u>M/</u> Div Registration Section P.O. Box 6327 Tallahassec, FL 32314

Enclosed is a check for the following amount:

□ \$130.00 Filing Fee & □ \$125.00 Filing Fee Certificate of Status

□ \$155.00 Filing Fee & Certified Copy

**Registration Section** 

2661 Executive Center C

Tallahassee, FL 32301

**Clifton Building** 

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

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# 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:

InStore Vision LLC

(Name of Foreign Limited Lia	bility Company; must include "I	Limited Liability Company,"	"L.L.C.," or "LLC.")

### ILoveEcigs.com LLC

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(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.")

2	Delaware	3	75-3262917	
	(Jurisdiction under the law of which foreign limited liability company is organized)	2,	(FEI number, if applicable)	
4.	May 28th 2015			
	(Date first transacted business (See sections 605.0904 & 605.09	in Fl 705, I	orida, if prior to registration.) S. to determine penalty liability)	

7900 Oak Lanc, Suite 400, Miami Lakes, Florids 33016

(Street Address of Principal Office)

.6. 7900 Oak Lane, Suie 400, Miami Lakes, Florida 33016

(Mailing Address)

7. Name and street address of Florida registered agent (P.O. Box NOT acceptable)

 Name:
 Corporation Service Company

 Office Address:
 1201 Hays Street

Office Address: 1201 Hays Street \_\_\_\_\_\_ Tallahassee \_\_\_\_\_\_. Florida 32301

(City)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. Corporation Service Company

By:

(Registered agent's signature) Madonna Mallnowski, Assistant VP

(Zip code)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

David Marmour 7900 Oak Lane, Suite 400 Miami Lakes, Florida 33016 Managing Member

9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oa of the translator must be submitted)	
Signature of an authorized person	'n
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.	
David Marmour	
Typed or printed name of signee	



PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "INSTORE VISION 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 THIRTY-FIRST DAY OF JULY, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "INSTORE VISION LLC" WAS FORMED ON THE SEVENTH DAY OF DECEMBER, A.D. 2007.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.



4470787 8300

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151116991 You may verify this certificate online at corp.delaware.gov/authver.shtml

Jeffrey W. Bullock, Secretary of State AUTHENTICATION: 2605479

DATE: 07-31-15