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TRANSMITTAL LETTER

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Department of State
Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

SUBJECT: Vapor Medica Corp.

(Proposed corporate name)

Enclosed is an original and one (1) copy of the articles of
incorporation and our check for \$_____

ROM: Vapor Medica Corp.

Name (printed or typed)

7284 NW 54th Street

Address

Miami, Fl. 33166

City, State & Zip Code

(305) 889-3342

Telephone Number

FILED
00 NOV 17 PM 2:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Note: Please provide the original and one copy of the Articles.

CB 11-22

FILED
00 NOV 17 PM 2:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

The undersigned incorporator(s) for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Vapor Medica Corp.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

7284 NW 54th Street
Miami, Fl. 33166

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100 Shares @ \$1.00 par value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Jose Humberto Alvarez
4764 NW 114th Ave. #101
Miami, Fl. 33178

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Luis E Parrado
4764 NW 114th Ave #101
Miami, Fl. 33178

President / Secretary

Jose H Alvarez
4764 NW 114th Ave. #101
Miami, Fl. 33178

Vice-President / Treasurer

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this 8 day of NOVEMBER 2000



Signature



Signature

Signature

CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES,
THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE
OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE
REGISTERED OFFICE. REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is Vapor Medica Corp.

7284 NW 54th Street
Miami, Fl. 33166

2. The name and address of the registered agent and office is:

Jose H. Alvarez

(Name)

4764 NW 114th Ave. #101

(P.O. Box or Mail Drop NOT acceptable)

Miami, Fl. 33178

(City/State/Zip)

Having been named as registered agent and to accept service of
process for the above stated corporation 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.



(SIGNATURE)

NOV. 8, 2000

(DATE)

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32304

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA