

P10000088569

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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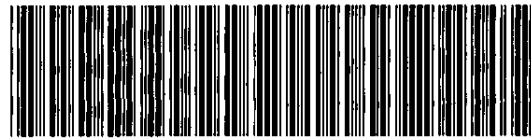
(Business Entity Name)

(Document Number)

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10 OCT 27 PM 4:26
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MRS.
11/1

COVER LETTER

Department of State
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

SUBJECT: No 7 E-Cigarettes Corp.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 Filing Fee
☒ \$78.75 Filing Fee
& Certificate of Status

☐ \$78.75 Filing Fee
& Certified Copy
☐ \$87.50 Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Lia Arlt

Name (Printed or typed)

7896 Eastlake Drive Suite 21 D

Address

Boca Raton, FL 33433

City, State & Zip

(954) 448-6668

Daytime Telephone number

yasou_00@yahoo.com

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

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: **No. 7 E-Cigarettes Corp.**

ARTICLE II PRINCIPAL OFFICE

Principal street address
7896 Eastlake Drive Suite 21D
Boca Raton, FL 33433

Mailing address, if different is:

206 Bridge Street
Charlevoix, MI 49720

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Electronic Cigarette Distributor

ARTICLE IV SHARES

The number of shares of stock is: **5,000,000**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **Lia Arlt / Director**
Address: **7896 Eastlake Dr. Suite 21D**
Boca Raton, FL 33433

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: **Lia Arlt**
Address: **7896 Eastlake Dr. Suite 21D**
Boca Raton, FL 33433

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: **Lia Arlt**
Address: **7896 Eastlake Dr. Suite 21D**
Boca Raton, FL 33433

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

10/25/2010

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the 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.



Required Signature/Incorporator

10/25/2010

Date

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TALLAHASSEE FLORIDA