

P12000009326

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

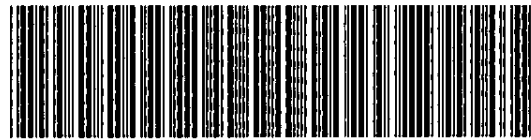
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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01/26/12--01012--010 **105:00

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TALLAHASSEE, FLORIDA

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J. BRYAN

JAN 27 2012

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SMOKES N MORE INC
Name of Resulting Florida Profit Corporation

The enclosed Certificate of Conversion, Articles of Incorporation, and fees are submitted to convert an "Other Business Entity" into a "Florida Profit Corporation" in accordance with s. 607.1115, F.S.

Please return all correspondence concerning this matter to:

WINSTON WEILHEIMER
Contact Person

IN HOME TAX SERVICE INC
Firm/Company

206 S SPRING GARDEN AVE
Address

DELAND FL 32720
City, State and Zip Code

INHOMETAXSERVICE@MSN.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

WINSTON WEILHEIMER at (386) 736 8572
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- \$105.00 Filing Fees
- \$113.75 Filing Fees and Certificate of Status
- \$113.75 Filing Fees and Certified Copy
- \$122.50 Filing Fees, Certified Copy, and Certificate of Status

STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

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 TALLAHASSEE, FLORIDA

Certificate of Conversion
For
"Other Business Entity"
Into
Florida Profit Corporation

This Certificate of Conversion **and attached Articles of Incorporation** are submitted to convert the following **"Other Business Entity"** into a **Florida Profit Corporation** in accordance with s. 607.1115, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:

SMOKES N MORE LLC

Enter Name of Other Business Entity

2. The "Other Business Entity" is a limited liability company
(Enter entity type. Example: limited liability company, limited partnership,
general partnership, common law or business trust, etc.)

first organized, formed or incorporated under the laws of FLORIDA
(Enter state, or if a non-U.S. entity, the name of the country)

on effective 01/01/2012
12/30/2011 FLORIDA DOCUMENT NUMBER L11000145785
Enter date "Other Business Entity" was first organized, formed or incorporated

3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated:

FLORIDA

4. The name of the Florida Profit Corporation as set forth in the **attached Articles of Incorporation:**

SMOKES N MORE INC

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: AS FILED
(The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; AND 2) must be the same as the effective date listed in the attached Articles of Incorporation, if an effective date is listed therein.)

6. The conversion is permitted by the applicable law(s) governing the other business entity and the conversion complies with such law(s) and the requirements of s.607.1115, F.S., in effecting the conversion.

7. The "Other Business Entity" currently exists on the official records of the jurisdiction under which it is currently organized, formed or incorporated.

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Signed this 17TH day of JANUARY, 20 12

Required Signature for Florida Profit Corporation:

Individual signing affirms that the facts stated in this document are true. Any false information constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an Incorporator: [Signature] SIGN HERE X

Printed Name: RAJINDER WADHWA Title: PRESIDENT

Required Signature(s) on behalf of Other Business Entity: Individual(s) signing affirm(s) that the facts stated in this document are true. Any false information constitutes a third degree felony as provided for in s.817.155, F.S. [See below for required signature(s).]

Signature: [Signature] SIGN HERE X
Printed Name: RAJINDER WADHWA Title: PRESIDENT

Signature: Anju Wadhwa SIGN HERE X
Printed Name: ANJU WADHWA Title: VICE PRESIDENT

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

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If Florida General Partnership or Limited Liability Partnership:

Signature of one General Partner.

If Florida Limited Partnership or Limited Liability Limited Partnership:

Signatures of ALL General Partners.

If Florida Limited Liability Company:

Signature of a Member or Authorized Representative.

SIGN HERE

All others:

Signature of an authorized person.

Fees:

- Certificate of Conversion: \$35.00
- Fees for Florida Articles of Incorporation: \$70.00
- Certified Copy: \$8.75 (Optional)
- Certificate of Status: \$8.75 (Optional)

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: **SMOKES N MORE INC**

ARTICLE II PRINCIPAL OFFICE

Principal street address
342 WEST BURLEIGH BLVD
TAVARES FL 32778

Mailing address, if different is:
419 W ROSEWOOD LANE
TAVARES FL 32778

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY PURPOSE LAWFUL IN THE STATE OF FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: **100**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

| | |
|--|-----------------------|
| Name and Title: <u>RAJINDER WADHWA PRESIDENT</u> | Name and Title: _____ |
| Address: <u>419 W ROSEWOOD LANE</u> | Address: _____ |
| <u>TAVARES FL 32778</u> | _____ |

| | |
|--|-----------------------|
| Name and Title: <u>ANJJI WADHWA VP</u> | Name and Title: _____ |
| Address: <u>419 W ROSEWOOD LANE</u> | Address: _____ |
| <u>TAVARES FL 32778</u> | _____ |

| | |
|-----------------------|-----------------------|
| Name and Title: _____ | Name and Title: _____ |
| Address: _____ | Address: _____ |
| _____ | _____ |

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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ARTICLE VI REGISTERED AGENT

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

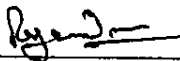

Name: RAJINDER WADHWA
Address: 419 W ROSEWOOD LANE
TAVARES FL 32778

ARTICLE VII INCORPORATOR

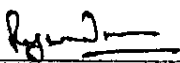

The name and address of the Incorporator is:

Name: RAJINDER WADHWA
Address: 419 W ROSEWOOD LANE
TAVARES FL 32778

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

  1/17/2012
Required Signature/Registered Agent Date

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

  1/17/2012
Required Signature/Incorporator Date