

P12000009326

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

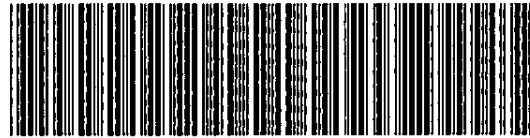
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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2012 JAN 26 AM 11:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

Name of Contact Person

at ( 386 ) 736 8572

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |   |   |  |
|--|---|---|--|
| <input checked="" type="checkbox"/> \$105.00 Filing Fees | <input type="checkbox"/> \$113.75 Filing Fees<br>and Certificate of<br>Status | <input type="checkbox"/> \$113.75 Filing Fees<br>and Certified Copy | <input type="checkbox"/> \$122.50 Filing Fees,<br>Certified Copy, and<br>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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SECRETARY OF STATE  
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)

*effective 01/01/2012*  
on 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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2012 JAN 26 AM 11:56  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

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: \_\_\_\_\_

**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) |

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TALLAHASSEE, FLORIDA

**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: RAJINDER WADHWA PRESIDENT

Address: 419 W ROSEWOOD LANE  
TAVARES FL 32778

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: ANJIL WADHWA VP

Address: 419 W ROSEWOOD LANE  
TAVARES FL 32778

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:

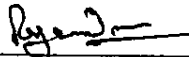
Name: RAJINDER WADHWA  
Address: 419 W ROSEWOOD LANE  
TAVARES FL 32778

**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*



Required Signature/Registered Agent

RAJINDER  
SIGN HERE

1/17/2012

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.*



Required Signature/Incorporator

RAJINDER  
SIGN HERE

1/17/2012

Date

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