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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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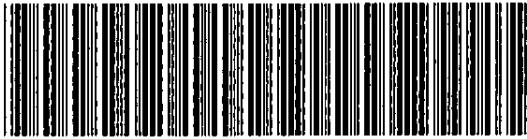
(Business Entity Name)

(Document Number)

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12 JUN 21 AM 11:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

144

COVER LETTER

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

SUBJECT: Vapor Group, Inc.
(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: Dror Svorai
Name (Printed or typed)

19495 Biscayne Blvd., Suite 411
Address

Aventura, Florida 33180
City, State & Zip

(954)383-0734
Daytime Telephone number

DSvorai@Hotmail.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:

Vapor Group, Inc.

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ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

1900 Tamiami Trail

Naples, Florida 34102

Mailing address, if different is

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and all lawful business.

ARTICLE IV SHARES

The number of shares of stock is: 350,000,000 common @ \$0.001 par value; 10,000,000 preferred @ \$0.001 par value. (See attached, ADDENDUM TO ARTICLES OF INCORPORATION OF VAPOR GROUP, INC., Article IV Authorized Stock")

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Yaniv Nahon, President/Treasurer/Director

Address: 1900 Tamiami Trail

Naples, Florida 34102

Name and Title: Dror Svorai, VP/Secretary, Director

Address: 19495 Biscayne Blvd., Suite 411

Aventura, Florida 33180

Name and Title: (N/A)

Address:

Name and Title: (N/A)

Address:

Name and Title: (N/A)

Address:

Name and Title: (N/A)

Address:

ARTICLE VI REGISTERED AGENT

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

Name: Dror Svorai

Address: 19495 Biscayne Blvd., Suite 411

Aventura, Florida 33180

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Dror Svorai

Address: 19495 Biscayne Blvd., Suite 411

Aventura, Florida 33180

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

June 20, 2012

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

June 20, 2012

Date