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To: Division of Corporations Fax Number : (850)617-6381 From: Account Name : EXPRESS CORPORATE FILING SERVICE Account Number : 12000000146 Phone : (305) 444-4994 : (305)444-4977 Fax Number \*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\* Email Address:  $\mathcal{D}$ m FLORIDA PROFIT/NON PROFIT CORPORAT  $\cap$ E VAPOR, INC. m σ PH 12: Certificate of Status 0 ED 1 Certified Copy Page Count 02

Estimated Charge

\$78.75





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In c	ARTICLES OF IN mpliance with Chapter 607 a		S. (Profit)	
ARTICLE I NAME The name of the corporation shall be	EVapor,	Inc.		
ARTICLE II PRINCIPAL C Principal s 1801 00 UN 178		м	ailing address, if diffe	54
ARTICLE III PURPOSE The purpose for which the corporat CANY CANC	ion is organized is: All IAWAVI	Busines	22	
ARTICLE IV SHARES The number of shares of stock is:			-	
Name and TitleD 6 Address: 1801 WAT 6 Migmi	Fi 33125	sme and Title; Address: 		
Address: <u>1001 (</u> <u>UDI</u> + <u>MI ami</u>	FI 33125	Address:		
Name and Title: Addrees:		Name and Title: Address: 		
ARTICLE VI REGISTEREN The name and Florida street addr Name: Gii (D) Address: 1801 (Y)(Q)	1938 (P.O. BOX NOT acceptable 211 1_0 res 0 w HO ot Ur		tis: E	- 44
	porator is:	<u>7</u> 2 2 2 2 2 2 2 2 2 3 2 3 2 3 2 3 2 3 2		NS
Elaving been named as registered a this certificate, I phylamiliar with a Required	igent to accept service of pro- nd accept the appointment as Signiture/Registered Agent	cess for the above state registered agent and a	gree to act in this cap	place designated i pacity 5/13 Date
i submit this document and affirm document to the Department of Sta	that the facts stated herein	are true. I am avore t clony as provided for in	hai the fulse informa \$ \$.817.155, F.S.	tion submitted in 5 /13 Date

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FAX No.