

04/02/2014 15:54

Division of Corporations

CLARA GIRALDO, P.A.

PAGE 01
Page 1 of 1

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000079209 3)))



H140000792093ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : CLARA GIRALDO, P.A.
Account Number : I19990000017
Phone : (305) 485-9300
Fax Number : (305) 485-1098

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

2014 APR -2 PM 1:29

RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

RECEIVED

14 APR -2 PM 4:51

RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FLORIDA PROFIT/NON PROFIT CORPORATION
SMOKE IT WHOLESALE & DISTRIBUTORS, INC.

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

Help

1/14

SECRETARY OF
DIVISION OF CORPORATIONS

2014 APR -2 PM 1:29

114 0000 792093

ARTICLES OF INCORPORATION
OF

SMOKE IT WHOLESALE & DISTRIBUTORS, INC.

THE UNDERSIGNED, has executed the following document as incorporator of the above name corporation, a corporation organized under the laws of the State of Florida, and all rights, duties and obligations of the undersigned as incorporate, and those of the corporation, are to be determined in accordance with the law of the State of Florida.

ARTICLE I

The name of this corporation shall be:

SMOKE IT WHOLESALE & DISTRIBUTORS, INC.

ARTICLE II

This corporation shall commence existence upon the filing of these Articles of Incorporation by the Department of State, State of Florida, and shall have perpetual existence.

ARTICLE III

The general nature of the business and objects and purposed to be transacted and carried on by this corporation are to do any and all of the things herein mentioned, as fully and to the same extent as natural persons might do, viz:

- (1) Transact any and all lawful business.
- (2) Said corporation shall further have powers:
To have perpetual succession by its corporate

name:

SMOKE IT WHOLESALE & DISTRIBUTORS, INC.

CLARA GIRALDO P.A.
4080 SW 84 AVENUE SUITE C
MIAMI, FL 33155
PH.: (305) 485-9300

#14 0000 79.2093.

ARTICLE IV

The aggregate number of shares which the corporation shall have authority to issue is the total sum of 50 shares, having an individual par value of \$10.00

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

ARTICLE V

The street address of the initial registered office and the name of the initial Resident Agent of this corporation shall be:

**ASHLEY N. CAMPS
6374 SW 139 CT
MIAMI, FL. 33183**

The principal office shall be:

**6374 SW 139 CT
MIAMI, FL. 33183**

H14 0000 792 093.

ARTICLE VI

The initial Board of Directors shall consist of a total of **ONE(01)** person, and the name and address of the person who is to serve as initial directors is :

ASHLEY N. CAMPS
6374 SW 139 CT
MIAMI, FL. 33183

PRESIDENT

The name and address of the Incorporator executing these Articles of Incorporation is

ASHLEY N. CAMPS
6374 SW 139 CT
MIAMI, FL. 33183

IN WITNESS WHEREOF, the undersigned incorporator has (ve) executed these Articles of Incorporation this 02 day of APRIL, 2014.



ASHLEY N. CAMPS

CLERK OF COURT
DIVISION OF CORPORATE AFFAIRS

2014 APR -2 PM 1:29

H/14 0000 792093

**CERTIFICATE OF DESIGNATION
REGISTERED AGENT / REGISTERED OFFICE**

Pursuant to the provision of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, Submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The Name of the corporation is:

SMOKE IT WHOLESALE & DISTRIBUTORS, INC.

2. The Name and Address of the registered agent and office is:

**ASHLEY N. CAMPS
6374 SW 139 CT
MIAMI, FL. 33183**

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES. AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE


Dated: APRIL 02, 2014.