

PI4000071155

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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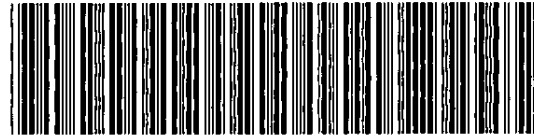
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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14 AUG 26 PM 2:32
DIVISION OF CHILD CUSTODY

14 AUG 26 PM 2:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
FILED

11/11

COVER LETTER

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

SUBJECT: EMFM - VAPIN 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: Erin Marshall
Name (Printed or typed)

2520 Capital Cir S.E.
Address

Tallahassee FL 32311
City, State & Zip

850 - 284 - 5621
Daytime Telephone number

homeCareContractors@gmail.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)

RECEIVED
AUG 26 2014

ARTICLE I NAME

The name of the corporation shall be:

EMFM-VAPIN Inc

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ARTICLE II PRINCIPAL OFFICE

Principal street address

2520 Capital Cir S.E.
Tallahassee FL 32311

Mailing address, if different is:

1500 Apalachee Trkwy
EMFM-VAPIN Kiosk
Tallahassee FL 32311

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

provide quality products
for Vaping.

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Erin Marshall Pres.

Name and Title:

Address

2520 Capital Cir S.E.
Tallahassee FL 32311
90

Address:

Name and Title:

Zachery Owen Vice Pres.

Name and Title:

Address

2520 Capital Cir S.E.
Tallahassee FL 32311
10

Address:

Name and Title:

Name and Title:

Address

Address:

(cont.)

APPROVED
AND
FILED

Name and Title: _____ Name and Title: 14 AUG 26 PM 2:44

Address _____ Address: SECRETARY OF STATE

TALLAHASSEE FLORIDA

ARTICLE VI REGISTERED AGENT

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

Name: Erin Marshall

Address: 2520 Capital Cir. S.E.
Tallahassee FL 32311

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Erin Marshall

Address: 2520 Capital Cir S.E.
Tallahassee FL 32311

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

[Signature]
Required Signature/Registered Agent

8-26-14
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.

[Signature]
Required Signature/Incorporator

8-26-14
Date