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11/21/14

COVER LETTER

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

SUBJECT: Total Vapor Opportunities, 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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: Dror Svorai
Name (Printed or typed)
3901 SW 47th Avenue, Suite 415
Address
Davie, Florida 33314
City, State & Zip
(954) 792-8450
Daytime Telephone number
dror@vaporgroup.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: Total Vapor Opportunities, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

3901 SW 47th Avenue

Suite 415

Davie, Florida 33314

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: All lawful business.

ARTICLE IV SHARES

The number of shares of stock is: 50,000,000 no par value

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Dror Svorai, President

Name and Title: _____

Address: 3901 SW 47th Avenue

Address: _____

Suite 415

Davie, Florida 33314

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(conti.)

Name and Title: _____ Name and Title: _____
Address: _____ 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: 3901 SW 47th Avenue, Ste 415
Davie, Florida 33314

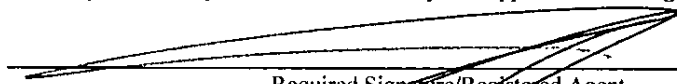
ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Dror Svorai
Address: 3901 SW 47th Avenue, Ste 415
Davie, Florida 33314

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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

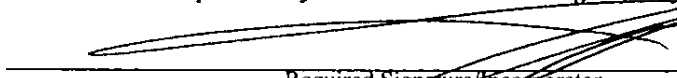


Required Signature/Registered Agent

November 17, 2014

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

November 17, 2014

Date