

P/5000004029

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
15 JAN 13 PM 4:39

π 01/15/15

COVER LETTER

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

SUBJECT: Vapor-rize, 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: Michelle Levitt

Name (Printed or typed)

333 Sterling Lake Dr.

Address

Ocoee, FL 34761

City, State & Zip

386-233-5037

Daytime Telephone number

Support@vapor-rize.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-rize, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

333 Sterling Lake Dr.

Ocoee, FL 34761

Mailing address, if different is:

Po Box 101

Ocoee, FL 34761

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and All Lawful Business.

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ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Michelle Levitt -President

Address: 333 Sterling Lake Dr.

Ocoee, FL 34761

Name and Title: Neil Levitt-Treasurer

Address: 333 Sterling Lake Dr.

Ocoee, FL 34761

Name and Title: Travis Hull-Vice President

Address: 333 Sterling Lake Dr.

Ocoee, FL 34761

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

(cont.)

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: Michelle Levitt
Address: 333 Sterling Lake Dr.
Ocoee, FL 34761


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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

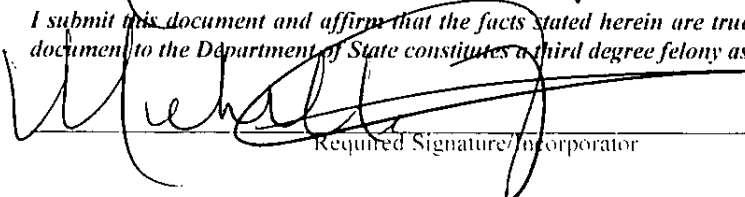
Name: Michelle Levitt
Address: 333 Sterling Lake Dr.
Ocoee, FL 34761

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

1/6/15
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

1/6/15
Date