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COVER LETTER

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

Vapor Budz Inc.

SUBJECT: _____
(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: Steven Kollias

Name (Printed or typed)

3438 Alvara Ct

Address

Spring Hill, Florida 34609

City, State & Zip

352-232-2250

Daytime Telephone number

stevenkollias@yahoo.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 Budz Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

12888 SE HWY 441 Unit A131

Bellevue, Florida 34420

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Retail and Wholesale of Streak Free Cloths, Electronics, Stylus Pens, Tarbar Filters, Batteries, Battery Chargers, Cotton, Computers, Computer Accessories, Glass Cleaners, Vaporizers, Atomizers e-Liquids, Tanks, Clearomizers, Vaporizing Cartridges, Coil Maker Jigs, electric ohm readers, Electronic Cigarettes, O Rings, Lanyards, Box Mods, Variable Volt/Watt Batteries, lighters, Tank adapters, Tank Bands, Hygienic Covers

ARTICLE IV SHARES

The number of shares of stock is: 10,000,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Steven Kollias CEO

Name and Title: _____

Address 3438 Alvara Ct
Spring Hill, Florida 34609

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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: Steven Kollias
Address: 3438 Alvara Ct
Spring Hill, Florida 34609

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RECEIVED
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

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

Name: Steven Kollias
Address: 3438 Alvara Ct
Spring Hill, Florida 34609

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: June 1, 2015 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

5/26/2015

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

5/26/2015

Date