

P15000049456

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

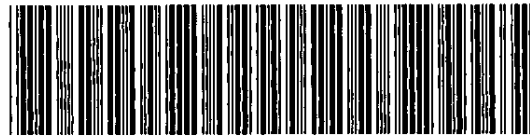
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10 D 15-18

## COVER LETTER

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

**SUBJECT:** Electron Cig 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:** Alexander Kollias  
Name (Printed or typed)  
13433 Bolton Ct  
Address  
Spring Hill, Florida 34609  
City, State & Zip  
352-232-2250  
Daytime Telephone number  
alexanderkollias@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: Electron Cig Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

13433 Bolton Ct

Spring Hill, Florida 34609

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: The wholesale and retail of electronic cigarettes and accessories

**ARTICLE IV SHARES**

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

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Alexander Kollias CEO

Name and Title: \_\_\_\_\_

Address 13433 Bolton Ct

Address: \_\_\_\_\_

Spring Hill, Florida 34609

Name and Title: Antoinette Kollias Treasurer

Name and Title: \_\_\_\_\_

Address 3438 Alvara Ct

Address: \_\_\_\_\_

Spring Hill, Florida 34609

Name and Title: Steven Kollias Chief Operating Officer

Name and Title: \_\_\_\_\_

Address 3438 Alvara Ct

Address: \_\_\_\_\_

Spring Hill, Florida 34609

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**ARTICLE VII INCORPORATOR**

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

Name: Alexander Kollias  
Address: 13433 Bolton Ct  
Spring Hill, Florida 34609

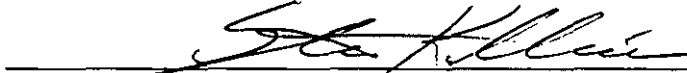
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: July 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

6-1-15  
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.*

Alexander Kollias  
Required Signature/Incorporator

6-1-15  
Date