

P16000015780

(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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OFFICE OF CLERK  
OF THE SUPERIOR COURT  
OF THE DISTRICT OF COLUMBIA

MD 2/19

## COVER LETTER

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

SUBJECT: vape flo co

(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: Anthony lucarelli

Name (Printed or typed)

108 cedar oak trail

Address

longwood fl 32750

City, State & Zip

4075161697

Daytime Telephone number

vapeflo11c@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)

**ARTICLE I NAME**

The name of the corporation shall be: vape flo CO

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
108 cedar oak trail longwood fl 32750

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: any and all lawfull business

**ARTICLE IV SHARES**

The number of shares of stock is: 1500

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

Name and Title: Anthony I lucarelli ceo

Address: 108 cedar oak trail longwood fl 32750

Name and Title: michael a ungar president

Address: 141 stoney ridge longwood fl 32750

Name and Title: austin e brown vice president

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

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: anthony lucarelli  
Address: 108 cedar oak trail lonwood fl 32750  
longwood, FL 32750

16 FEB -8 AM 10:04  
DEPT. OF STATE  
TALLAHASSEE, FL 32310

**ARTICLE VII INCORPORATOR**

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

Name: anthony lucarelli  
Address: 108 cedar oak trail longwood fl 32750  
\_\_\_\_\_

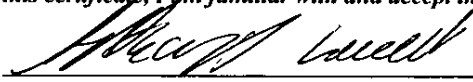
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (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.)

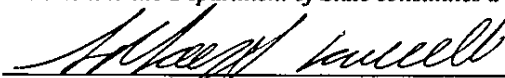
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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

2/2/16  
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

2/2/16  
Date