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To:

Division of Corporations

Fax Number

: (850)517-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019

Phone Fax Number

: (305)552-5973 : (305)675-5944

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:								
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FLORIDA PROFIT/NON PROFIT CORPORATION VAPES MIA INC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78. 75

Electronic Filing Menu

Corporate Filing Menu

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:	
VAPES MIA INC	
ARTICLE II PRINCIPAL OFFICE:	
The principal street address and mailing address is: 800 NW 41 AVC	
Miami FL 33173	
ARTICLE III SHARES: The number of shares of stock is: 105	
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:	
Thirteen (*)	
	17
Cars 1	735 526 :
\$235 Ven	55
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:	20
The name and Florida street address (PO Box not acceptable) of the registered agent is:	
Emmanuel pomares	
800 NW 41 AVe	
Migmi FL 33173	
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:	
Emmanuel Pomares	
800 NIN 41 AVE	
Migmi FL 33173	

H17000140373

Required Signatures:

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

Registered Agent

May 23/2017

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.

Incorporator

17 MAY 23 AH II: 2