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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		,

Office Use Only

MAY 0 2 2018

T. SCOTT



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SECKETARY OF STATE
TATE A HASSEE, FLORIDA

COVER LETTER

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

SUBJECT:	San Marco Vapa (PROPOSED CORPORA	e inc	
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	d 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 o Status
		ADDITIONAL CO	PY REQUIRED
FROM:		arakat, e (Printed or typed) an Marco Blud Address	<i>(.</i>
		Address Nille FL 322 State & Zin	
	904-6	51-3151 Telephone number	
		tax Econcust.	

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)

The name of the corporat	tion shall be: San Mar	rw Vape, In	<u>(</u> .
ARTICLE II PRINC	TPAL OFFICE Principal street address	Mailing ad	ldress, if different is:
1670 Sa	n Marco Blud.		
Jackson	illa FL 32207		
ARTICLE III PURPO The purpose for which the	<u>OSE</u> he corporation is organized is:		
To opera	tra smoke sho	ρ	
<u>ARTICLE V INITIA</u>	stock is: 000	. 1	2018 APR 26 AM 9 87 SECRETARY 0 STALLAHASSEE, FLORID.
	-Fudi Barakat and Pres		
Address	1670 San Mario 8		
	Juckyonville, Fr 322		<u> </u>
Name and Title:	·	Name and Title:	
Address			
		<u> </u>	
Name and Title:		Name and Title:	
Address		Address:	
			

\$1 t	The state of the s
Name and	Title: Name and Title:
Address	Address:
ARTICLE VI R	EGISTERED AGENT
The <u>name and Flo</u>	rida street address (P.O. Box NOT acceptable) of the registered agent is:
Name:	Breft ISaac
Address:	ZISI University Blud S
	Tacles on sile, FC 32216
<u>ARTICLE VII - II</u>	<u>VCORPORATOR</u>
The <u>name and add</u>	Iress of the Incorporator is:
Name:	Brett Is aa (
Address:	2191 University Bluds
	Tucksonville, FL 32216
	EFFECTIVE DATE:
	ther than the date of filing:
	nserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
filing.) <u>Note:</u> If the date i	
filing.) <u>Note:</u> If the date i	ective date on the Department of State's records.
filing.) Note: If the date is the document's eff Having been name	ective date on the Department of State's records. Red as registered agent to accept service of process for the above stated corporation at the place designated in
filing.) Note: If the date is the document's eff Having been name	ective date on the Department of State's records.
filing.) Note: If the date is the document's eff Having been name	ective date on the Department of State's records. Red as registered agent to accept service of process for the above stated corporation at the place designated in a familiar with and accept the appointment as registered agent and agree to act in this capacity 4 23 18
filing.) Note: If the date is the document's effective that the document is effective that the document is certificate, I are the document in the document in the document is certificate, I are the document in the document	ective date on the Department of State's records. Red as registered agent to accept service of process for the above stated corporation at the place designated in

April 2**3**, 2018

San Marco Vape Inc.

1670 San Marco Blvd

Jacksonville, FL 32207

Re: San Marco Vape Inc.

Dear Division of Corporations,

Please allow Fadi Barakat to purchase a corporation with the name San Marco Vape Inc. | release this name: San Marco Vape Inc.

Thank You,

STATE OF FLORIDA COUNTY OF PUV

The foregoing instrument was acknowledged before me this $\frac{23}{20}$ day of $\frac{\text{Av.}}{20}$ by

Fadi Barakat

Personally Known

OR Produced Identification

Type of Identification Produced