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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 07535000353
Phone : (800)221-2972
Fax Number : (888)692-9256

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

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
VAPOR PLUS INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

FILED
19 FEB 14 PM 1:02
State of Florida
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME VAPOR PLUS INC.
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE
Principal street address _____ Mailing address, if different is: _____
205 11TH STREET _____ 205 11TH STREET _____
MIAMI BEACH, FL 33139 _____ MIAMI BEACH, FL 33139 _____

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: _____
To engage in any lawful act or activity for which corporations may be organized.

ARTICLE IV SHARES 200 NPV
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: SADEK JOUMAA, Director Name and Title: _____
Address: 4905 SW 32ND TERRACE Address: _____
FT. LAUDERDALE, FL 33312 _____

Name and Title: BAMIR A. DEKMAK, DIRECTOR Name and Title: _____
Address: 85-01 55TH AVENUE Address: _____
ELMHURST, NY 11373 _____

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

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SHERIFF JAMES ST. SIMS
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: TOM HOLLANDER
 Address: 3912 S OCEAN BLVD STE 411
HIGHLAND, FL 33487

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: SADEK JOUMAA
 Address: 4905 SW 32ND TERRACE
FT. LAUDERDALE, FL 33312

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

X [Signature] _____ 2/14/19
 Required Signature/Registered Agent 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.

X [Signature] _____ 2/14/19
 Required Signature/Incorporator Date