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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 : 075350000353
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

Secretary of State
TALLAHASSEE, FLORIDA

19 FEB 14 PM 1:02

FILED

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: VAPOR PLUS INC.**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

205 11TH STREET205 11TH STREETMIAMI BEACH, FL 33139MIAMI 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 SHARESThe number of shares of stock is: 200 NPV**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: SADEK JOUMAA, Director

Name and Title: _____

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

Address: _____

Name and Title: BAMIR A. DEKMAK, DIRECTOR

Name and Title: _____

Address: 85-01 55TH AVENUE
ELMHURST, NY 11373

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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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

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

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

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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]
 Required Signature/Registered Agent

2/14/19
 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]
 Required Signature/Incorporator

2/14/19
 Date