

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

P20 000 000 319

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

From:
 Account Name : FASTKIT CORP
 Account Number : 120100000009
 Phone : (305)599-0839
 Fax Number : (305)592-9591

****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
 GOOD LIFE SMOKE SHOP INC**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

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11/3/20

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: GOOD LIFE SMOKE SHOP INC

ARTICLE II PRINCIPAL OFFICE

Principal street address
2009 SW FIRST STREET
MIAMI FL 33135

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100 SHARES @ 100.00 EACH

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: OLMAN SOSA

Name and Title:

Address: 2488 W 72ND ST

Address:

HIALEAH FL 33016

PRESIDENT

Name and Title: EDWARD DAVID SOSA

Name and Title:

Address: 1145 NW 33 AVE

Address:

MIAMI FL 33125

TREASURER

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: OLMAN SOSA
 Address: 2488 W 72ND ST
HIALEAH FL 33016

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: TAP SOLUTIONS INC
 Address: 2341 NW 7th STREET
MIAMI FLORIDA 33125

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 01/02/2020 (OPTIONAL)
 (If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 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.

[Signature]
 Required Signature/Registered Agent

1/2/20
 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.

[Signature]
 Required Signature/Incorporator

1/2/20
 Date

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