

P200000 83192

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800354174528

10/26/20--01001--001 \*\*70.00

C RICO  
OCT 26 2020

RECEIVED  
2020 OCT 23 PM 3:18

FILED  
2020 OCT 26 PM 4:27

## COVER LETTER

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

SUBJECT: Queen Rose Vapor  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status

ADDITIONAL COPY REQUIRED

FROM: Arash Shakibaei  
Name (Printed or typed)

2300 Kilkenny Dr. West  
Address

Tallahassee, FL 32309  
City, State & Zip

850-666-0402  
Daytime Telephone number

Arash.Sh.Llc@gmail.com  
E-mail address: (to be used for future annual report notification)

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)

Corp  
~~INC~~

ARTICLE I NAME

The name of the corporation shall be: Queen Rose Vape

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2300 Kilkenny Dr. West  
Tallahassee, FL 32309

Same

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: need To have  
Corparation To do Business

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Arash Shakibaei

Name and Title: President

Address: 2300 Kilkenny Dr. W  
Tallahassee, FL  
32309

Address:

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

FILED  
2020 OCT 26 PM 4:27

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:

Arash Shaki Baei

Address:

2300 KilKenny Dr. West

Tall. FL 32309

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name:

Arash Shaki Baei

Address:

2300 KilKenny Dr. West

Tallahassee, FL 32309

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 10/23/2020 (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*

Arash Shaki Baei

Required Signature/Registered Agent

10/23/20

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.*

Arash Shaki Baei

Required Signature/Incorporator

10/23/20

Date