

P23000024105

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

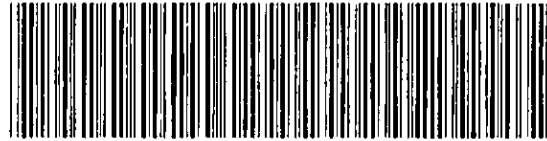
(Document Number)

Copies _____

Certificates of Status _____

Instructions to Filing Officer:

Office Use Only



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S. CHATHAM
APR - 1 2023

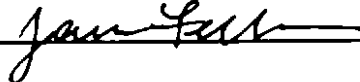
FILED
2023 MAR 31 AM 8:49
SEC. OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
2023 MAR 31 AM 7:28
TALLAHASSEE, FLORIDA

AND

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

Please use funds from this account: 120210000160: **\$87.50**

Authorization Signature: 

Vape Smoke & Go 2, Inc

BUSINESS NAME

DOCUMENT #

☒ **Certified Copy of Articles of Organization**

☒ **Certificate of Status**

NEW FILINGS

- ☐ Profit Corp
☐ Not for Profit
☐ Officer/Director
☐ Limited Liability
☐ Domestication
☐ Other
☒ **CORP**
☐ **LLLP**

AMENDMENTS

- ☐ Amendment
☐ Resignation of R.A.
Articles of Revocation of Dissolution
☐ Change of Registered Agent
☐ Dissolution
☐ Merger
☐ Conversion
☐ Amended and restated Articles
Statement of Authority

OTHER FILINGS

- ☐ Annual Report
☐ Fictitious Name
☐ APOSTILLE ☐ _____
Country

REGISTRATION/QUALIFICATIONS

- ☐ Foreign filing
☐ Limited Partnership
☐ Reinstatement
☐ Other

EXAMINER'S INITIALS: _____

COVER LETTER

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

SUBJECT: Vape Smoke & Go 2, Inc.
(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
Filing Fee
& Certified Copy

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

ADDITIONAL COPY REQUIRED

FROM: Brett Isaac
Name (Printed or typed)

2151 University Blvd S
Address

Jacksonville, FL 32216
City, State & Zip

904-730-9264
Daytime Telephone number

Brett@isaactaxcpa.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)

ARTICLE I NAME

The name of the corporation shall be: Vape Smoke & GO 2 Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

6824 St Augustine Rd

Jacksonville, FL 32217

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To Operate a Vape Shop.

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jessica Joseph

Name and Title: _____

Address 3930 Villa San Jose Dr

Address: _____

Jacksonville, FL 32217

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FL

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: Brett Isaac
Address: 2151 University Blvd S
Jacksonville, FL 32216

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Brett Isaac
Address: 2151 University Blvd S
Jacksonville, FL 32216


ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 03/30/2023 (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.)

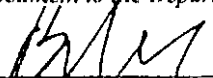
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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


Required Signature/Registered Agent

3/30/23
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.


Required Signature/Incorporator

3/30/23
Date

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TALLAHASSEE, FLORIDA