

P23000079649

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

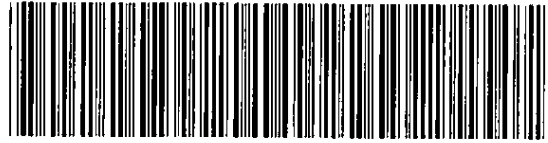
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400417569704

11/14/23--01001--006 **87.50

RECEIVED

2023 NOV 13 PM 3:50 2023
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Sour Ape Smoke and Vape Co
(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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Robert W. Meyers
Name (Printed or typed)

7129 W Lakeland Dr
Address

Panama City, Florida, 32404
City, State & Zip

850-691-5797
Daytime Telephone

SourApeSmokeandVape@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)

ARTICLE I NAME

The name of the corporation shall be: Sour Ape Smoke and Vape Co.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

7129 W Lakeland Dr

P.O. 1491

Panama City, Florida, 32404

Lynn Haven, Florida, 32444

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The purpose for which this Limited Liability Company shall be organized is for any and all purposes for which a limited liability Company may be organized in the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Nathan M. Hill - CEO

Name and Title: Robert W. Meyers - CFO

Address 3726 Bay Tree Rd
Lynn Haven, Florida, 32444

Address: 7129 W Lakeland Dr
Panama City, Florida, 32404

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

2021-1-10 16:00

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Robert W. Meyers

Address: 7129 W Lakeland Dr

Panama City, Florida 32404

ARTICLE VII INCORPORATOR

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

Name: Robert W Meyers

Address: 7129 W Lakeland Dr

Panama City, Florida, 32404

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 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



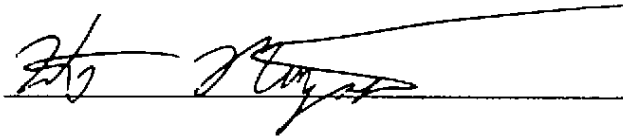
Required Signature/Registered Agent

11-13-23
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

Date



11-13-23

2023

11-13-23