

A24000003256

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

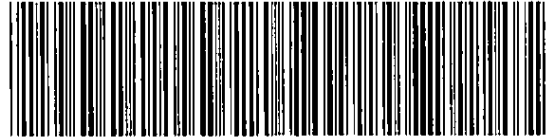
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

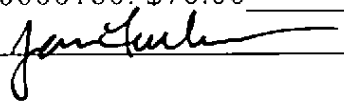
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1 1 2 2

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-624

PLEASE USE FUNDS FROM THIS ACCOUNT: I20210000160: \$70.00

AUTHORIZATION SIGNATURE: 

Exotic Smoke and Vape, Inc.

BUSINESS

Document

☐ Walk in

☐ Pick up time

☐ Mail out

☐ Will wait

☐ Certified copy of articles of incorporation

☐ Certified of Status

☐ Certificate of Status

NEW FILINGS

☐ Profit

☐ Not for Profit

☐ Limited Liability

☐ Domestication

☐ Other

☒ CORP

AMMENDMENTS

☐ Amendment

☐ Resignation of R.A. Officer/Director

☐ Change of Registered Agent

☐ Dissolution/Withdrawal

☐ Merger

☐ Conversion

OTHER FILINGS

☐ Annual Report

☐ Fictitious Name

☐ APOSTIL ()
Country

REGISTRATION/QUALIFICATIONS

☐ Foreign filing

☐ Limited Partnership

☐ Reinstatement

☐ Other

EXAMINER'S INITIALS:

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
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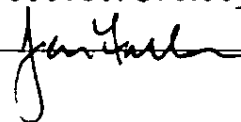
PLEASE USE FUNDS FROM THIS ACCOUNT: 120210000160: \$70.00 _____

AUTHORIZATION SIGNATURE: _____

____ Exotic Smoke and Vape, Inc.

BUSINESS

Document



____ Walk in

____ Pick up time _____

____ Mail out

____ Will wait

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____ Certified of Status

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____ Reinstatement

____ Other

EXAMINER'S INITIALS: _____

Release and Permission to Use Name

(Date)

To: Florida Department of State Division of Corporations

Re: Release and permission to use name

Entity's name: Exotic Smoke and Vape, Inc

Florida Doc. Number: P21000001899

The date the document was filed with the Division of Corporations: 1/12/21

I give my permission to release the name: Exotic Smoke and Vape, Inc

to make it available to the Division of Corporations for use by others. I will not
revoke this release of name.

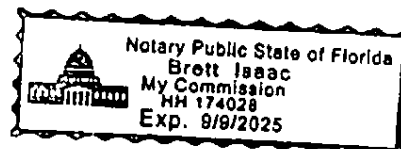
Sincerely,

Signed name: [Signature]

Printed Name: Johnny Jeno Title: President

(NOTARY)

[Signature]



COVER LETTER

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

SUBJECT: Exotic Smoke and Vape 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

<input type="checkbox"/> \$78.75	<input type="checkbox"/> \$87.50
Filing Fee	Filing Fee,
& Certified Copy	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: Exotic Smoke and Vape Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
11018 Old St Augustine RD unit 125

Mailing address, if different is:

Jacksonville, FL 32257

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To Operate a smoke shop.

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: John Dahi President

Name and Title: _____

Address 11018 Old St Augustine Rd

Address: _____

Jacksonville, FL 32257

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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: _____ (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 1/12/24
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 1/12/24
Date