# P96000084377

### TRANSMITTAL LETTER

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

1位的126140000000001 \*\*\*\*122.50 \*\*\*\*122.50

SUBJECT: 100 (Proposed corporate name - mustyinclude suffix)

| Enclosed is an origination:  [] \$70.00  Filing Fee | al and one (1) c  \$78.75  Filing Fee & Certificate | \$122.50 Filing Fee & Certified Copy  Additional Copy | \$131.25 Filing Fee, Certified Copy & Certificate | 7                                                               |
|-----------------------------------------------------|-----------------------------------------------------|-------------------------------------------------------|---------------------------------------------------|-----------------------------------------------------------------|
| FROM:                                               | 151/9 6.<br>Name                                    | (printed or typed)  Address                           | induings<br>estat                                 | RECEIVED 96 OCT 11 FN 3-01 DIVISION OF CURFURATION              |
|                                                     | (40H)                                               | y, State & Zip  You Telephone number                  | 3217910                                           | FILED  96 OCT 11 PH 4:1  SECRETARY OF STATE TALLAHASSEE, FLORID |

NOTE: Please provide the original and one copy of the articles.

MOCI 1.4 1996

### ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

| The name of the corporation shall be:                                                                         |                                                         |
|---------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| PHILLIPS VENDING CORP.                                                                                        | 96 OCI<br>SECRET<br>TALLAHA                             |
| ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing address of this corporation shall be: | -ILED<br>I II PH 4: 0<br>ARY OF STATE<br>ISSEE, FLORIDA |
| Titusville FI 32796                                                                                           | 7                                                       |

ARTICLE III **SHARES** 

The number of shares of stock that this corporation is authorized to have outstanding at any one time

000

INITIAL REGISTERED AGENT AND STREET ADDRESS The name and address of the initial registered agent is:

Clifford Phillips 1216 Shady Pires LM Titusville F132796

#### INCORPORATOR(S)

See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Clifford S. Phillips 15/16 Shady Pines IN Titusville F132796

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

8+L day of October , 1996.

(An additional article must be added if an effective date is requested.)

Signature

Signature

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

| I. The name of the corporation is:  | Phillips Vending                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | COVP.                                                               |
|-------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| 2. The name and address of the regi | istered agent and office is:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                     |
| Cliffo<br>1216 Sh<br>P.O.B          | (NAME)  (NAME) | FILED  96 OCT 11 PII 4: 07  SECREJARY OF STATE TALLAHASSLE, FLORIDA |

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Cliffond Thilleps (DATE)