

# FD30000002764

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**FOREIGN PROFIT QUALIFICATION**

**FOLZ VENDING, INC.**

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FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

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May 6, 2003

CORPORATE CRIMINAL RESEARCH SERVICES

SUBJECT: FOLZ VENDING, INC.  
REF: W03000012992

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We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The name designated in your document is not available. Therefore, the corporation must adopt an alternate name for use in the state of Florida. To adopt an alternate name the corporation must submit a corporate resolution by the board of directors adopting the alternate name for use in the state of Florida. Please note the corporate resolution must be signed by the chairman, vice chairman, or an officer of the corporation. The alternate name must contain a corporate suffix. Such suffixes include: Corporation, Corp., Incorporated, Inc., Company, and CO.

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Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

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# APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Folz Vending, Inc.  
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. Delaware 3. 04-3740974  
(State or country under the law of which it is incorporated) (FBI number, if applicable)
4. January 13, 2003 5. Perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. Upon Qualification  
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")  
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 3401 Lawson Boulevard, Oceanside, NY 11572  
(Principal office address)  
3401 Lawson Boulevard, Oceanside, NY 11572  
(Current mailing address)
8. To provide retail sales to the vending machine industry.  
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)  
Name: NRAI Services, Inc.  
Office Address: 526 E. Park Avenue  
Tallahassee, Florida 32301  
(City) (Zip code)

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 TALLAHASSEE, FLORIDA

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## 10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

NRAI Services, Inc.

By: 

(Registered agent's signature)

Michael Mirrone, Assistant Secretary

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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## 12. Names and business addresses of officers and/or directors:

## A. DIRECTORS

Chairman: See Attached

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

## B. OFFICERS

President: \_\_\_\_\_

Address: \_\_\_\_\_

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. W. John Cash, SVP, CFO, Sec. and Treas.

(Typed or printed name and capacity of person signing application)

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**Officer and Director List  
for  
Folz Vending, Inc.**

**Officers**

**Randall J. Fagundo**  
**President and CEO**  
397 South Taylor Avenue  
Louisville, CO 80027

**W. John Cash**  
**Senior Vice President, CFO, Secretary and Treasurer**  
397 South Taylor Avenue  
Louisville, CO 80027

**Board of Directors**

**Randall J. Fagundo**  
397 South Taylor Avenue  
Louisville, CO 80027

**Bill Dawson**  
**Chairman of the Board**  
397 South Taylor Avenue  
Louisville, CO 80027

**Greg Feldman**  
397 South Taylor Avenue  
Louisville, CO 80027

**Perry Navab**  
397 South Taylor Avenue  
Louisville, CO 80027

**Bruce Krysiak**  
397 South Taylor Avenue  
Louisville, CO 80027

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# Delaware

PAGE 1

*The First State*

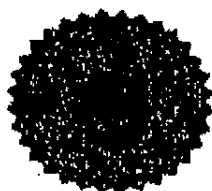
I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FOLZ VENDING, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIRST DAY OF MAY, A.D. 2003.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FOLZ VENDING, INC." WAS INCORPORATED ON THE THIRTEENTH DAY OF JANUARY, A.D. 2003.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

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030283786



*Harriet Smith Windsor*

Harriet Smith Windsor, Secretary of State

AUTHENTICATION 2375050  
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DATE: 05-01-03