

# F05000005820

Florida Department of State  
Division of Corporations  
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## FOREIGN PROFIT QUALIFICATION

Adventure Vending Inc.

Certificate of Status	0
Certified Copy	0
Page Count	05
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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. Adventure Vending Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Washington

(State or country under the law of which it is incorporated)

3. 14-1937868

(FEI number, if applicable)

4. 09/16/2005

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. 10/10/2005

(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 1800 114th Avenue SE., Bellevue, WA 98004

(Principal office address)

same

(Current mailing address)

8. Vending machine services and any other lawful purpose under Washington law.

(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 NOT acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation

(City)

Florida 33324

(Zip code)

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.*

C T Corporation System

By [Signature]

(Registered agent's signature)

Nancy Igdon, Vice President

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.

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

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CT CORP  
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PAGE 03/05  
PAGE 04/05

**A. DIRECTORS**

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

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

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

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

Director: Donald R. Rench

Address: 1800 114th Avenue SE.

Bellevue, WA 98004

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

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

**B. OFFICERS** *SEE ATTACHMENT*

President: David W. Cole

Address: 1800 114th Avenue SE.

Bellevue, WA 98004

Vice President: Brian V. Turner

Address: 1800 114th Avenue SE.

Bellevue, WA 98004

Secretary: Donald R. Rench

Address: 1800 114th Avenue SE. Bellevue, WA 98004

Treasurer: Richard C. Deck

Address: 1800 114th Avenue SE. Bellevue, WA 98004

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

13.   
(Signature of Director or Officer listed in number 12 of the application)

14. Donald R. Rench, Secretary  
(Typed or printed name and capacity of person signing application)

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Attachment

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PAGE 04/05  
PAGE 05/06  
Page 1 of 1

Attachment to Florida  
**Officers & Directors**

- 
- |    |                   |                       |
|----|-------------------|-----------------------|
| 1. | Full Name:        | Donald R. Rensch      |
|    | Officer/Director: | Officer, Director     |
|    | Officer's Title:  | Secretary             |
|    | Director's Title: | Other Director        |
|    | Business Address: | 1800 114th Avenue SE. |
|    | City:             | Bellevue              |
|    | State:            | WA                    |
|    | ZIP Code:         | 98004                 |
| 2. | Full Name:        | David W. Cole         |
|    | Officer/Director: | Officer               |
|    | Officer's Title:  | President             |
|    | Business Address: | 1800 114th Avenue SE. |
|    | City:             | Bellevue              |
|    | State:            | WA                    |
|    | ZIP Code:         | 98004                 |
| 3. | Full Name:        | Brian V. Turner       |
|    | Officer/Director: | Officer               |
|    | Officer's Title:  | Vice President        |
|    | Business Address: | 1800 114th Avenue SE. |
|    | City:             | Bellevue              |
|    | State:            | WA                    |
|    | ZIP Code:         | 98004                 |
| 4. | Full Name:        | Richard C. Deck       |
|    | Officer/Director: | Officer               |
|    | Officer's Title:  | Treasurer             |
|    | Business Address: | 1800 114th Avenue SE. |
|    | City:             | Bellevue              |
|    | State:            | WA                    |
|    | ZIP Code:         | 98004                 |

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UNITED STATES OF AMERICA

**The State of Washington**

**Secretary of State**

I, **SAM REED**, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

**CERTIFICATE OF EXISTENCE/AUTHORIZATION**  
**OF**  
**ADVENTURE VENDING INC.**

I **FURTHER CERTIFY** that the records on file in this office show that the above named Profit Corporation was formed under the laws of the State of WA and was issued a Certificate Of Incorporation in Washington on 9/16/2005.

I **FURTHER CERTIFY** that as of the date of this certificate, **ADVENTURE VENDING INC.** remains active and has complied with the filing requirements of this office.

Date: October 5, 2005

UBL: 602-540-159



Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

*Sam Reed*

Sam Reed, Secretary of State

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA