



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H16000217316 3)))



H160002173163ABC.

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617- 6383

From

Account Name : SWART BAUMRUK & COMPANY, LLP
Account Number : 120000000291
Phone : (407) 847- 7466
Fax Number : (407) 847- 6641

16 AUG 31 AM 9:47
LED STATE
SECRETARY OF
TALLAHASSEE, FLORIDA

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: taxes@sbc-cpa.com

FOREIGN PROFIT/NONPROFIT CORPORATION
National Vending Systems Inc.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

SEP 01 2016

S. YOUNG

Electronic Filing Menu

Corporate Filing Menu

Help

(((H160002173163)))

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: National Vending Systems Inc.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Harry J. Swart, CPA

Name of Person

Swart Baumruk & Company, LLP

Firm/Company

1101 Miranda Lane

Address

Kissimmee, FL 34741

City/State and Zip code

taxes@sbcpa.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

C. McDonah

Name of Person

at (407)

Area Code

847-7466

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☒ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

(((H160002173163)))

16 AUG 31 AM 9:47
CLERK OF STATE
TALLAHASSEE, FLORIDA

(((H160002173163)))

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. National Vending Systems 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. Louisiana

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

3. 81-2576930

(FEI number, if applicable)

4. October 4, 1985

(Date of incorporation)

5. _____

(Date of duration, if other than perpetual)

6. August 30, 2016

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

7. #1821 One Galleria Plaza, Metairie, LA 70001

(Principal office address)

c/o J.D. Jordan, P.O. Box 23866, New Orleans, LA 70183

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Swart Baumruk & Company, LLP

Office Address: 1101 Miranda Lane

Kissimmee

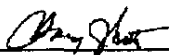
(City)

, Florida 34741

(Zip code)

9. 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.



(Registered agent's signature)

10. 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.

(((H160002173163)))

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
15 AUG 31 AM 9:47

(((H160002173163)))

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

A. DIRECTORSChairman: J.D. JordanAddress: #1821 One Galleria Plaza, Metairie, LA 70001

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERSPresident: J.D. JordanAddress: #1821 One Galleria Plaza, Metairie, LA 70001

Vice President: _____

Address: _____

Secretary: J.D. JordanAddress: #1821 One Galleria Plaza, Metairie, LA 70001

Treasurer: _____

Address: _____

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

12. _____

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.

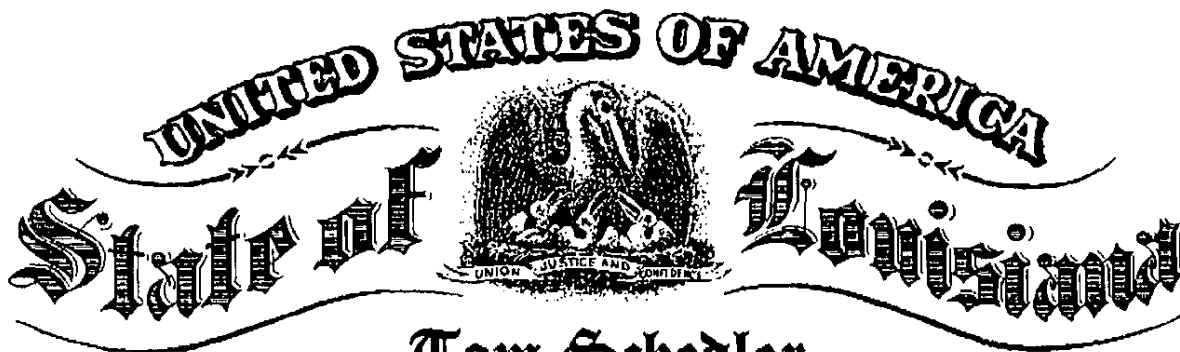
13. _____

J.D. Jordan, President

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

(((H160002173163)))

((H160002173163)))

**Tom Schedler**

SECRETARY OF STATE

As Secretary of State of the State of Louisiana I do hereby Certify that

the Articles of Incorporation of

NATIONAL VENDING SYSTEMS INC.

Domiciled at METAIRIE, LOUISIANA,

Were filed in this Office and a Certificate of Incorporation was issued on October 04, 1985,

I further certify that no Certificate of Dissolution has been issued.

16 AUG 31 AM 9:47

RECEIVED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

In testimony whereof, I have hereunto set my
hand and caused the Seal of my Office to be
affixed at the City of Baton Rouge on,

August 26, 2016

Secretary of State

Web 34188203D



Certificate ID: 10741993#VXM73

To validate this certificate, visit the following web site,
go to **Business Services**, **Search for Louisiana**
Business Filings, **Validate a Certificate**, then follow
the instructions displayed.
www.sos.la.gov

((H160002173163)))