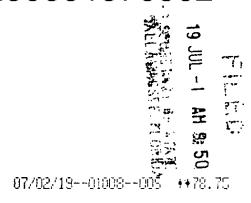
# F19000003202

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Business Emily Hame)						
(Document Number)						
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Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

Office Use Only



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G. PRATHE

### **COVER LETTER**

TO:	Registration Section					
	Division of Corpor					
SUBJ	JECT:	<b>u</b> .				
0020		Name of corporat	ion -	must include suffix		
Dear S	Sir or Madam:					
"Certi	ficate of Existence,"	by Foreign Corporation for "Certificate of Good Sorporation to transact bus	tand	ing" and check are sub	t Business in Florida." mitted to register the	
	e return all correspon V. Smith	dence concerning this ma	tter t	o the following:		
	······································	Name	of P	erson		
Accu-\	Vend Inc.					
32 Oc	ean Court	Firm/C	omp	any		
St. Au	gustine, Florida 32080	Ac	ldres	S		
jackisr	mith@bellsouth.net	City/Stat	e an	d Zip code		
	<del></del>	E-mail address: (to be use	ed fo	r future annual report n	otification)	
For fu	urther information co	ncerning this matter, plea	se ca	II:		
Jacki Smith		704		953-9900		
	Name of Person	at ( Area (		Daytime Telepl	none 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		
Enclo	sed is a check for the	e following amount:				
☐ \$7	70.00 Filing Fee	■ \$78.75 Filing Fee & Certificate of Status	٥	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee. Certificate of Status & Certified Copy	

#### 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. Accu-Vend, INC-1. (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) 56-1718870 North Carolina 2. (FEI number, if applicable) (State or country under the law of which it is incorporated) October 19, 1990 (Date of duration, if other than perpetual) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 32 Ocean Court, St. Augustine, FL 32080 (Principal office address) same (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Jacqueline Smith Name: 2 Oak Road Office Address: St. Augustine 32080 (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.

(City)

(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.

: . . . .

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

A. DIRI	ECTORS			
Chairman	6			
Address:				
Vice Chai	irman:		<u>-</u>	
Address:				
		<u>.</u>		
Director:	Gary William Smith			
Address:	32 Ocean Court			
	St. Augustine, FL 32080			
Director:			_	
B. OFF	Gary William Smith			
	32 Ocean Court			
Address:	St. Augustine, FL 32080			<del></del>
Vice Pres	sident:			
Address:		=		
			19 J	
Secretary		1 1 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3		77
			<u></u>	الدوارية المسيرة
	T:	747: C2-1	工物	
		e e	50	
NOTE:	If necessary, you may attach an addendum to the application listing additional officers and/o	r direct	ors.	
12	Signature of Director or Officer			
The offi are true a third d Gan	cer or director signing this document (and who is listed in number 11 above) affirms that the and that he or she is aware that false information submitted in a document to the Department legree felony as provided for in s.817.155, F.S. y William Smith	facts state	ated he	erein
13	(The standard and analysis of parson signing application)			



## NORTH CAROLINA Department of the Secretary of State

#### CERTIFICATE OF EXISTENCE

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

#### ACCU-VEND, INC.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 19th day of October, 1990, with its period of duration being Perpetual.

I FURTHER certify that, as of the date set forth hereunder, the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by N.C.G.S. 55-16-22 has been delivered to the Secretary of State; and that the said corporation has not filed articles of dissolution as of the date of this certificate.





Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 27th day of June, 2019.

Elaine J. Marshall

Secretary of State