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Tallahassee, Florida 32399

TO: Registration Section Division of Corporations	,	
SUBJECT: Kelley Vending Services	s, LLC	
	Limited Liability Company)	
The enclosed Articles of Organization and	d fee(s) are submitted for filing.	
Please return all correspondence concerni	ing this matter to the following:	
Mr. Larry E. Wood		
(Name of Person)		09/19/03
Kelley Vending Services, LLC		
(Firm/Company)		•
709 Lobelia Street		PASEP FI
(Address)		FILED W 4: 06
Brandon, FL 33510	-	
(City/State and Zip Co	ode)	106 108 106
For further information concerning this m	natter, please call:	7 tr
Larry E. Wood	at (813) 654-4754	
(Name of Person)	(Area Code & Daytime Telephone Numb	oer)
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327	

Tallahassee, Florida 32314

September 9, 2003

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

Please find enclosed payment for incorporating Kelley Vending Services, LLC. The check was inadvertently missing on our Articles of Incorporation submittal.

Please contact the undersigned at 813-654-4754 or 813-655-2772 should you have any questions.

Sincerely,

Sarry E. Wood

President

501 South Falkenburg Road,

Suite C3

Tampa, FL 33619

THE SEE FLORIDA

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ARTICLE V – Effective Date

The effective date for incorporation of Kelley Vending Services, LLC shall be September 19, 2003.

Master of the Orthons

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is: Kelley Vending Services, LLC	
ARTICLE II - Address: The mailing address and street address of the principal	office of the Limited Liability Company is Address:
Principal Office Address:	Mailing Address:
501 South Falkenburg Road	501 South Falkenburg Road
Suite C3	Suite C3
Tampa, FL 33619	Tampa, FL 33619
The name and the Florida street address of the register Mr. Richard T. Magill	ed agent are:
Name	
709 Lobelia Street	
Florida street address (P.O. Box N	OT acceptable)
Brandon _{FL}	33510
City, State, and Zip	
Having been named as registered agent and to accept s liability company at the place designated in this certific registered agent and agree to act in this capacity. I fur statutes relating to the proper and complete performance accept the obligations of my position as registered agent	ate, I hereby accept the appointment as ther agree to comply with the provisions of all ce of my duties, and I am familiar with and

(CONTINUED)

Title: "MGR" = Manager "MGRM" = Managing Member	ger or Managing Member is as follows: Name and Address:
MGR	Larry E. Wood
MGRM	501 South Falkenburg Road Tampa, FL 33619 Gwenn T. Wood 501 South Falkenburg Road Tampa FL 33619
	The state of the s

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Larry E. Wood
Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)