

Page 1 of 1

Florida Department of State Division of Corporations

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To:

Division of Corporations

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From:

Account Name

: KUBCO

Account Number : 104662003400

Fax Number

: (516)935-3940

: (516)935-3088

LIMITED LIABILITY COMPANY

Coral Vending LLC

Certificate of Status	1
Certified Copy	A
Page Count	02
Estimated Charge	\$130.00

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ARTICLES OF ORGANIZATION

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FLO	ORIDA LIMITED LIABILITY COMPANY	Of the A
ARTICLE I - Name	· 	The to the
The name of the Limited Liability Con	mpany is: Coral Vending LLC	ALC: CO
ARTICLE II - Address	-	
The mailing address and street address	of the principal office of the Limited Liability Company is:	92.6
Principal Office Address:	Mailing Address:	Of K
3250 NW 85 Avenue #25	3250 NW 85 Avenue #25	
Coral Springs, FL 33065	Coral Springs, FL 33065	

ARTICLE III - Registered Agent, Registered Office & Registered Agent's Signature The name and Florida street address of the registered agent are:

Clive Shaw
Name
3250 NW 85 Avenue #25
(P.O. Box or Mail Drop Box NOT Acceptable)
Coral Springs, FL 33065
(City / State / Zip)

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.

Registered Agent's Signature - Clive Shaw

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<u> Çitle:</u>	Name and Address:			
MGR"=Manager				
MGRM'=Managing Member				
MGR	Clive Shaw - 3250 NW 85 Avenue	#25, Coral Sp	rings, FL 330	065
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EQUIRED SIGNATURE:	e of a member or authorized represen	atative of a men	aber,	
EQUIRED SIGNATURE:	e of a member or authorized represen	,		5 _
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REQUIRED SIGNATURE: Signature (In accordated comment of	mce with section 608.408(3), Florida ! onstitutes an affirmation under the pe	Statutes, the ex-	ecution of th	

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