

L05000088476

2005 AUG 31 A 11:19

SEC. OF STATE  
TALLAHASSEE, FLORIDA

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

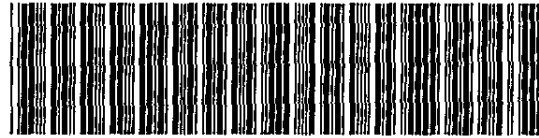
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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03/31/05--01029--012 ++175.00

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

FILED

SUBJECT: R & J Vending, LLC  
(Name of Limited Liability Company)

2007/05/31 A 11:19

The enclosed Articles of Organization and fee(s) are submitted for filing.

TALLAHASSEE, FLORIDA

Please return all correspondence concerning this matter to the following:

James E. Weber, Esq.

(Name of Person)

James E. Weber, P.A.

(Firm/Company)

501 South Flagler Drive, Suite 502 Flagler Center

(Address)

West Palm Beach, Florida 33401

(City/State and Zip Code)

For further information concerning this matter, please call:

James E. Weber, Esq.

(Name of Person)

at ( 561 ) 832-2266

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |   |   |   |   |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|---|---|---|---|

**STREET ADDRESS:**

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

**MAILING ADDRESS:**

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

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

2005 JUN 31 AM 11:19

ARTICLE I - Name:

The name of the Limited Liability Company is:

FILED  
TALLAHASSEE, FLORIDA

R & J Vending, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

400 North A1A, Lot 56  
Jupiter, Florida 33477

Mailing Address:

P.O. Box 4372  
Tequesta, Florida 33469

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

Ronald E. Lipp

Name

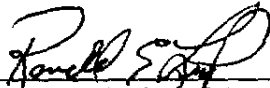
400 North A1A, Lot 56

Florida street address (P.O. Box **NOT** acceptable)

Jupiter FL 33477

City, State, and 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

(CONTINUED)

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**FILED**

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MGRM

Ronald E. Lipp

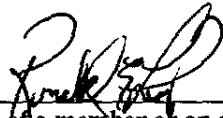
400 North A1A, Lot 56

Jupiter, Florida 33477

(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.)

Ronald E. Lipp

\_\_\_\_\_  
Typed or printed name of signee

**Filing Fees:**

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)