(Re	equestor's Name)	
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(Cit	ty/State/Zip/Phone	e #)
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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	s of Status
		
Special Instructions to	Filing Officer:	
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COVER LETTER

	Registration S Division of Co				,
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SUBJEC	T: H	40 VENDING, L	<u> </u>	1 =4	
	•	(Name of Limite	d Liability Company)	·	
	,				
The enclo	osed Articles o	f Organization and fee(s) are s	ubmitted for filing.		
Please ret	turn all corresp	ondence concerning this matte	er to the following:		
		_	•		•
	MICH	AEL A. DORTE	Li		•
	7,11014		Name of Person)		
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			Firm/Company)	<u> </u>	
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		Lucas Aua			200
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			(11441655)		N N
•		A. C. 33601	,	•	<u> </u>
	TAM	PA. FL 33606	State and Zip Code)		_
•		(City)	State and Zip Code)		PH
			٠,		
For further	r information o	oncerning this matter, please	call:	•	1: 56
•			•		ڪي حص
HICH	AEL A. C	DORTCH	at (813) 251-7	2651	
		of Person)	(Area Code & Daytime To	elephone Number)	•
			•		
Enclosed	is a check for	the following amount:	,	• •	
⊠ .\$125.00	Filing Fee	\$130.00 Filing Fee &	\$155.00 Filing Fee &	\$160.00 Filing	
	•	Certificate of Status	Certified Copy	Certificate of State	us &
		,	(additional copy is enclosed)	Certified Copy (additional copy is en	closed)
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	•	/	· · · · · · · · · · · · · · · · · · ·		
		Mailing Address	Street/Courier Address	<u> </u>	
		Registration Section Division of Corporations	Registration Section Division of Corporation	16	
		P.O. Box 6327	Clifton Building	to .	•
		Tallahassee, FL 32314	2661 Executive Center	Circle	
			Tallahassee, FL 32301	•	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Con	npany is:
MYD VENDING LLC	
	any, "Limited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address:	And the state of the second and the
The mailing address and street address	of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
111 Horas Ave.	Some
Tanse FL 33606	
	egistered Office, & Registered Agent's Signatures own Registered Agent. You must designate an individual or another agent.
The name and the Florida street address	s of the registered agent are:
ROBERT M.	OCOTCH CIA
	Name All
0-	50 ON
310 S. Bac.	VARD HIME
	street address (P.O. Box NOT acceptable)
Tampa	FL 33606
Cit	ty, 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 (REQUIRED)

(CONTINUED)
Page 1 of 2

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
162	MICHAGE A. DORTCH III YURDA QUE TOMPO FL 33606
·	
<u> </u>	
 	

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 5(0) (2006 (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.)

HICHACL A. DORTCH
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)

DIVISION OF CORPORATION OF STATE 2006 MAY 16 PM 1-2