Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document,

(((H06000157429 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet, and the second of the second o

To:

Division of Corporations

Fax Number : (850) 205-0383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019

Phone : (305)552~5973

Fax Number

: (305)220-1440

ELORIDA/FOREIGN LIMITED LIABILITY CO.

The Vending Club, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

J. BRYAN JUN 1 4 2006

H06000157429

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liabil	ity Company	is:	
The Vending Club, LLC			
(Must and with the words "Limited Liabil	ity Company, "Lir	mited Company" or their abbreviation "L.C." or "L.C.,")	
ARTICLE II - Address: The mailing address and street a	iddress of the	principal office of the Limited Liability Compa	any is:
Principal Office Address:		Malling Address:	
8437 NW 99th Ave Parkland FL 33079	· · · · · · · · · · · · · · · · · · ·	PO 36x 8805 Coral Springs FL 33078	海绵菜
	erve as its own Re istration.)	red Office, & Registered Agent's Signature: gistored Agent. You must designate an individual or another se registered agent are:	DE JUN 13 AM 10: 06
ı	Stephen M	d Zalka	
· · · · · · · · · · · · · · · · · · ·	Nat	ne	
	6437 NW	99th Ave	
· · · · · · · · · · · · · · · · · · ·	Florida street	address (P.O. Box <u>NOT</u> acceptable)	•
	Parkland	PL 33076	
	City, Stat	c, and Zip	
liability company at the place registered agent and agree to a	e designated i ct in this capa	to accept service of process for the above stated l in this certificate, I hereby accept the appointmen city. I further agree to comply with the provision	et as ` es 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 Ghapter 608, F.S.

usture (REQUIRED)

(CONTINUED) Page 1 of 2

H06000157429

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

H06000157429

The name and address of each Manager or Managing Member is as follows: Name and Address: Title: "MGR" = Manager "MGRM" = Managing Member MGR Michael Jacobson PO Box 170455 Boca Raton FL 33497 Stephen M Zalka MGRM PO Box 8805 Corel Springs FL 83076 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: (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: (In accordance with seation 608,408(3), Florida Statutes, the association of this document conditutes an affirmation under the penalties of perjury that the facts stated herein are true.) Stephen Zelka Typed or printed name of signee

Filing Feer:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- 5 5.00 Certificate of Status (Optional)

Page 2 of 2

H06000157429