

LOT000019051

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

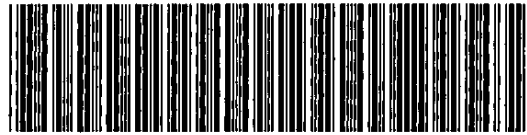
(Business Entity Name)

(Document Number)

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

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DIVISION OF CORPORATIONS  
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26520 Agoura Road Calabasas, CA 91302

Toll-Free: 1-888-692-6771 Direct/Intl: 1-818-879-9079  
Fax: 1-818-879-8005 Email: info@mycorporation.com

## ROUTINE SERVICE FILING REQUEST

Tuesday, January 30, 2007

Division of Corporations  
Florida Department of State  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Re: *SnackAttack Vending, LLC***

Ladies and Gentlemen:

Please find enclosed for filing Articles of Organization for the above referenced company.

Enclosed is a check in the amount of \$155.00 for filing and for a **certified copy**.

Please return the **certified copy** to the address below.

Thank you for your assistance.

Sincerely,

MyCorporation Business Services, Inc.  
26520 Agoura Road  
Calabasas, CA 91302  
**ATTN: FULFILLMENT DEPARTMENT**

**Articles of Organization  
For  
SnackAttack Vending, LLC  
Florida Limited Liability Company**

**ARTICLE I - Name:**

The name of the Limited Liability Company is SnackAttack Vending, LLC

**ARTICLE II - Address:**

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

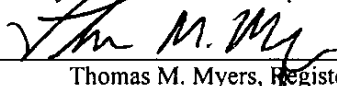
5710 NW 71st Ave.  
Tamarac, Florida 33321

**ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:**

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

Thomas M. Myers  
5710 NW 71st Ave.  
Tamarac, Florida 33321

*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.*

 2/3/07  
\_\_\_\_\_  
Thomas M. Myers, Registered Agent

**ARTICLE IV - Management:**

The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

Thomas M. Myers  
5710 NW 71st Ave.  
Tamarac, Florida 33321

Margaret G. McAllister-Myers  
5710 NW 71st Ave.  
Tamarac, Florida 33321

Theresa K. McAllister  
5710 NW 71st Ave.  
Tamarac, Florida 33321

Sean P. McAllister  
5710 NW 71st Ave.  
Tamarac, Florida 33321



**Meghan Record, Organizer**

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