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COVER LETTER

TO:	Registration Se Division of Co			
SUBJE	ECT: J.D. V	ending, LLC	I Liability Company)	
		(Name of Linner	Liabinty Company)	
The en	closed Articles of	f Organization and fee(s) are su	ubmitted for filing.	
Please	return all corresp	ondence concerning this matte	r to the following:	
	Deborah	Collingwood		
		Q	Name of Person)	
	J.D. Vend			
		(Firm/Company)	*
	3297 Pri	nceton Road		
	—-: <i>"</i>		(Address)	· .
	Brooksvi	lle, FL 34604		
		(City)	/State and Zip Code)	
For fur	ther information	concerning this matter, please	call:	
Deborah Collingwood at (352) 835-3370				
	(Name of Person) (Area Code & Daytime Telephone Number)		elephone Number)	
Enclos	sed is a check fo	or the following amount:		
✓ \$125	5.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ons r Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Compar	ny is:					
J.D. Vending, LLC (Must end with the words "Limited Liability Company,"	"Limited Company" or their abbreviation "LLC," or "L.C.,")					
ARTICLE II - Address: The mailing address and street address of the mailing address and street address.	the principal office of the Limited Liability Company is:					
Principal Office Address:	Mailing Address:					
3297 Princeton Road, Brooksville, FL 34604	3297 Princeton Road, Brooksville, FL 34604					
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.) The name and the Florida street address of the registered agent are:						
John Suozzo	MAR IONE					
3	VISION OF TAR					
3297 Princeton Ro	ad SAE					
Piorida street address (P.O. Box 1001 acceptable)						
Brooksville,	FL 34604 = 577					
City, S	State, and Zip					
liability company at the place designate registered agent and agree to act in this ca statutes relating to the proper and compl	nd to accept service of process for the above stated limited and in this certificate, I hereby accept the appointment as spacity. I further agree to comply with the provisions of all ete performance of my duties, and I am familiar with and as registered agent as provided for in Chapter 608, F.S					

(CONTINUED) Page 1 of 2

Registered Agent's Signature (REQUIRED)

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" = Manag		Name and Address:	
MGR	<u>.</u> .	Deborah Collingwood 3297 Princeton Road Brooksville, FL 34604	<u>.</u> . I
	-		
	-		- · · · ·
	te, if other than the date d, the date must be spe	e of filing: March 31, 2007 . (OPTIO	
<u>REQUIRED</u> SIGN	NATURE:		
Si	Solvench Co	an authorized representative of a member.	
(I o	in accordance with section f this document constitutes that the facts stated herein	608.408(3), Florida Statutes, the execution s an affirmation under the penalties of perjury a are true.)	
1	Deborah Collingwood		

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)

Typed or printed name of signee