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T. Hampton JAN - 4 2008

## **COVER LETTER**

TO: Registration Section Division of Corporation	ons		
SUBJECT: MAR	TIN VEN	DING LLC	
	(Name of Limited	Liability Company)	<del></del>
The enclosed Articles of Organiz	zation and fee(s) are su	bmitted for filing.	
Please return all correspondence	concerning this matter	to the following:	
STEVER	W. MAR	lame of Person)	
	(N	lame of Person)	
MARTIN	VENDING	LLC	
<del></del>	· (F	irm/Company)	
5187	WOODLAN	E CINCLE	
		(Address)	
TALLA	HATSEE, FL	32703	
	(City/S	State and Zip Code)	
For further information concerni	ng this matter, please c	all:	
(Name of Person		at ( 850) 893-	4080
(Name of Person	)	(Area Code & Daytime Tele	phone Number)
Enclosed is a check for the fol	lowing amount:		
\$125:00 Filing Fee \$130 Certi	.00 Filing Fee & Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Regist Divisi P.O. E	ng Address ration Section on of Corporations Sox 6327 assee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Cl Tallahassee, FL 32301	ircle

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
MARTIN VENDING, LLC	
(Must end with the words "Limited Liability Company "L. I. C." or "L. I. C.")	

## ARTICLE II - Address:

ARTICLE I - Name:

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

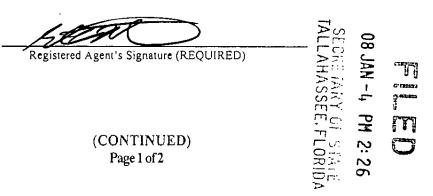
Principal Office Address:	Mailing Address:
5187 WOODLANE CIACLE	5187 WOODEANE CIRCLE
TALLAH ASSEE	TALLAH AISEE
FLORIDA 32303	FLORIDA 92307

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:

STEVEN W. MARTIN
Name
5187 WOODLANE CIPCLE
Florida street address (P.O. Box NOT acceptable)
TALLAHASSEE FL 3 × 303
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.



ARTICIE	$\mathbf{IV}_{-}$	Managerie	or Managing	Mambar(c)
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The name and address of each Manager or Managing Member is as follows:

Title:						
"MGR" = Manag						
"MGRM" = Man	naging Member					
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710 77	<del></del>	2720	EN W. 1 Spoonw AHASSISK,	7,7,.	<i>/ , , , , , , , , , , , , , , , , , , ,</i>	
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