

L08000006571

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

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EFFECTIVE DATE

1/15/08

FILED
08 JAN 17 AM 11:54
SECRETARY OF STATE
TALLAHASSEE FLORIDA

N. Gulligan JAN 18 2008

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: COMPACT VENDING SERVICE, LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CORELLI GIEFER

(Name of Person)

COMPACT VENDING SERVICE, LLC

(Firm/Company)

5281 CHERRY WOOD DR.

(Address)

NAPLES, FL 34119-1441

(City/State and Zip Code)

For further information concerning this matter, please call:

CORELLI GIEFER

(Name of Person)

at (239) 404-4188

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☒ \$130.00 Filing Fee & Certificate of Status
CHECK # 1087 ☐ \$155.00 Filing Fee & Certified Copy
(additional copy is enclosed) ☐ \$160.00 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 Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

COMPACT VENDING SERVICE, LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

5281 CHERRY WOOD DR
NAPLES, FL 34119

Mailing Address:

5281 CHERRY WOOD DR
NAPLES, FL 34119

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:

CORELLI GIEFER

Name

5281 CHERRY WOOD DR

Florida street address (P.O. Box **NOT** acceptable)

NAPLES

FL

34119-1441

City, State, and Zip

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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)

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

MGR

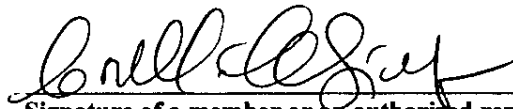
Name and Address:

CORELLI GIEFER
5281 CHERRY WOOD DR
NAPLES, FLORIDA 34119-1441

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: JANUARY 15, 2008. (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.)

CORELLI GIEFER

Typed or printed name of signee

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SECRETARY OF STATE

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)