L08000015243

•					
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



800117491838

02/11/08--01039--015 **130.00

08 FEB 11 PH 4: 1:

SECRETARY OF STATE

J. BRYAN

FEB 1 2 2008

EXAMINER

COVER LETTER

TO:	Registration Division of C					
SUBJI	ect: <u>Eag</u>	Name of Limited	Liability Company)		-	
The en	closed Articles	of Organization and fee(s) are su	ubmitted for filing.			
Please	return all corres	pondence concerning this matte	r to the following:			
		Bill Antar	CPA			-
		(1	value of Ferson)			
		Accou	ape Coral Tax & nting Services, LLC. Santa Barbara Blvd.		.	
		Cap	Suite E e Coral, FL 33991		08 FEB	DIVISION
		(City)	(State and Zip Code)			SEASY CONT
For fur	ther information	n concerning this matter, please	call:		PM 4: 17	CORPORATIONS
 	Bill A	ntar CPA	at (<u>339</u> .) <u>573- 9</u> (Area Code & Daytime Tele	phone Number)	<u>.</u>	SNS
		for the following amount:	,	,		
		\$130.00 Filing Fee & [Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing F Certificate of Sta Certified Copy (additional copy is a	atus &	l)
		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 C Tallahassee, FL 32301	ircle		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

EAGLE1 VENDING, LLC. 239 SE 29TH STREET Cape Coral, FL 33904

ARTICLE II - Address:

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

EAGLE1 VENDING, LLC. 239 SE 29TH STREET Cape Coral, FL 33904

Principal Office Address: Mailing Address:

EAGLE1 VENDING, LLC. 239 SE 29TH STREET Cape Coral, FL 33904

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:

RANDY PAUL 239 SE 29TH STREET Cape Coral, FL 33904

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)
Page 1 of 2.

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

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

Title: Name and Address:

RANDY PAUL (Managing Member) 239 SE 29TH STREET Cape Coral, FL 33904

ARTICLE V: Effective date, if other than the date of filing: (OPTIONAL)

This LLC shall have perpetual existence, commencing upon the date of filing of these articles with the Florida Department of State.

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.)

Typed or printed name of signee

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)

08 FEB 11 PM 4: 15