# L 10000072419

|                         | •                  |           |
|-------------------------|--------------------|-----------|
| (Re                     | equestor's Name)   |           |
| (Ac                     | ldress)            |           |
| (Ac                     | ldress)            | ·         |
| (0)                     | 10-17:10           | - 40      |
| (CI                     | ty/State/Zip/Phone | ÷#)       |
| PICK-UP                 | ☐ WAIT             | MAIL      |
| (Bu                     | ısiness Entity Nan | ne)       |
|                         |                    |           |
| , (Do                   | cument Number)     |           |
| Certified Copies        | _ Certificates     | of Status |
| Special Instructions to | Filing Officer:    |           |
|                         |                    |           |
|                         |                    | ·         |
|                         |                    |           |
|                         |                    |           |
|                         |                    | ı         |

Office Use Only



900182332149

07/08/10--01015--008 \*\*125.00



C. LEWIS

JUL 9 2010

**EXAMINER** 

# COVER LETTER

Registration Section Division of Corporations

| SUBJECT: D&S\            | /ending Sales, LLC  |  |  |
|--------------------------|---|--|--|
| SOBOLC 1.                |   | ted Liability Company  |  |
| The enclosed Articles    | of Organization and fee(s) are  | submitted for filing.  |  |
| Please return all corres | pondence concerning this mat  | ter to the following:  |  |
| Scott W. Cal             | derazzo   |  |  |
|                          | ,   | Name of Person   |  |
| D & S Vendir             | ng Sales, LLC   |  |  |
| <del></del>              |   | Firm/Company   |  |
| 104 E. Fowle             | r Ave. Suite 160  |  |  |
| <u></u>                  |   | Address  |  |
| Tampa, FL 3              | 3612  |  |  |
|                          | Ci  | ty/State and Zip Code  |  |
| swc3907112(              |   |  |  |
|                          | `   | for future annual report notification)   |  |
| For further information  | concerning this matter, pleas   | e call:  |  |
| Scott W. Calderazz       | zo  | at ( 813 ) 390-7112  |  |
| Name                     | of Person   | Area Code & Daytime Tele   | phone Number   |
| Enclosed is a check f    | or the following amount:  |  |  |
| ☑\$125.00 Filing Fee     | □\$130.00 Filing Fee & Certificate of Status  | □\$155.00 Filing Fee & □ Certified Copy (additional copy is enclosed)  | \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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 Of Tallahassee, FL 32301 |  |

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name:  |   |
|--|---|
| The name of the Limited Liability Compan   | y is:   |
| D & S Vending Sales, 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  | ne principal office of the Limited Liability Company is:  |
| Principal Office Address:  | Mailing Address:  |
| 104 E. Fowler Ave. Suite 160   | 104 E. Fowler Ave. Suite 160  |
| Tampa, FL 33612  | Tampa, FL 33612   |
| (The Limited Liability Company cannot serve as its own business entity with an active Florida registration.)  The name and the Florida street address of the Scott W. Calderazzo                                       | AHASSI<br>Jame  |
| 104 E. Fowier Ave. S   |   |
| Florida stree  | et address (P.O. Box NOT acceptable)  |
| Tampa Cit  | FL 33612<br>y, State, and Zip   |
| Having been named as registered agent and liability company at the place designated registered agent and agree to act in this cap statutes relating to the proper and complet accept the obligations of my position as | d to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as pacity. I further agree to comply with the provisions of all te performance of my duties, and I am familiar with and registered agent as provided for in Chapter 608, F.S |

(CONTINUED)
Page 1 of 2

FILED

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

2810 JUL -8 AM II: 29

| MGRM                          | Scott W. Calderazzo          |             |
|-------------------------------|------------------------------|-------------|
|                               | 104 E. Fowler Ave. Suite 160 |             |
|                               | Tampa, FL 33612              |             |
| MGR                           | DAVIO M. HENRY               |             |
|                               | 1921 GREGORY DRIVE           | (           |
|                               | TAMPA. FL 33613              |             |
|                               |                              |             |
| <del></del>                   |                              | <del></del> |
|                               |                              | <del></del> |
|                               |                              |             |
|                               |                              |             |
| <del></del>                   |                              |             |
|                               |                              |             |
|                               |                              |             |
| (Use attachment if necessary) |                              |             |

### **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.)

Scott W. Calderazzo

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)