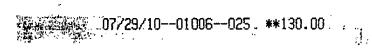
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(Requestor's Name)						
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PICK-UP	. WAIT	MAIL				
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SECRETARY OF STATE
AHASSEE FLORIDA

C. LEWIS

JUL 3 0 2010

EXAMINER

## **COVER LETTER**

TO: Registration Section  3. Division of Corporations								
SUBJECT: Alpha Vending Solutions, 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:								
Luis Ordinola								
Name of Person								
Alpha Vending Solutions, LLC	_							
Firm/Company								
6840 Guilford Bridge Drive								
Address								
Apollo Beach, FL 33572	_							
City/State and Zip Code								
luis.ordinola@gmail.com  E-mail address: (to be used for future annual report notification)								
For further information concerning this matter, please call:								
Luis Ordinola at (_813) 516-2734								
Name of Person Area Code & Daytime Telephone Number								
Enclosed is a check for the following amount:								
□\$125.00 Filing Fee  □\$130.00 Filing Fee & □\$155.00 Filing Fee & □\$160.00 Filing Fee,  Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)								
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  EXAMPLE PROPERTY.								

To section 2.

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Alpha Vending	g Solutions, LLC		
(	(Must end with the words "Limit	d Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - A	Address:		
The mailing add	ress and street address of	the principal office of the Limited Liability Company is:	
Principal Office	e Address:	Mailing Address:	
8840 Guilford Bridge Drive		6840 Guilford Bridge Drive	
pollo Beach, FL 33572		Apollo Beach, FL 33572	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Apolio Beaci, PL 33372	
	772	Apolio Beach, Pt 333/2	
ARTICLE III - The Limited Liability	Registered Agent, Regi	stered Office, & Registered Agent's Signature: n Registered Agent. You must designate an individual or another	
ARTICLE III - The Limited Liability business entity with	Registered Agent, Regi y Company cannot serve as its ov an active Florida registration.)	stered Office, & Registered Agent's Signature: n Registered Agent. You must designate an individual or another  f the registered agent are:	
ARTICLE III - The Limited Liability business entity with	Registered Agent, Regi y Company cannot serve as its ov an active Florida registration.)	stered Office, & Registered Agent's Signature: n Registered Agent. You must designate an individual or another  f the registered agent are:	7)
ARTICLE III - The Limited Liability business entity with	Registered Agent, Registered Agent, Registered Agent, Registration an active Florida registration.)  Re Florida street address of	stered Office, & Registered Agent's Signature: n Registered Agent. You must designate an individual or another  f the registered agent are:	コー
ARTICLE III - The Limited Liability business entity with	Registered Agent, Registered Agent, Registered Agent, Registration an active Florida registration.)  Re Florida street address of	stered Office, & Registered Agent's Signature: n Registered Agent. You must designate an individual or another  f the registered agent are:	可に
ARTICLE III - The Limited Liability business entity with	Registered Agent, Registered Agent, Registered Agent, Registration of the Property of the Prop	stered Office, & Registered Agent's Signature: n Registered Agent. You must designate an individual or another  f the registered agent are:	可に同じ
ARTICLE III - The Limited Liability business entity with	Registered Agent, Registered Agent, Registered Agent, Registration of the Property of the Prop	stered Office, & Registered Agent's Signature: In Registered Agent. You must designate an individual or another  If the registered agent are:  Name  Drive	可に同じ

Registered Agent's Signature (REQUIRED)

accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

(CONTINUED)

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

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

SECRETARY OF STATE FALL AHASSEE, FLORIDA

	Title:		Name and Address:				
	"MGR" = Manag "MGRM" = Man						
	MGR		Luis Ordinola				
		_	6840 Guilford Bridge Drive				
			Apollo Beach, FL 33572				
	MGRM		Patricia Ordinola				
			6840 Guilford Bridge Drive				
			Apollo Beach, FL 33572				
		<del></del>					
21.43							
•							
	(Use attachment	if necessary)	July 26, 2010	JO.			
ARTI	CLE.V: Effective	date if other than the dat	e of filing: July/VBINNEEMS	(OPTIONAL)			
			pecific and cannot be more than five b				
	0 days after the da			asinos aujo prior			
	•	0,					
	REQUIRED SIG	JNATURE:					
			<u> </u>				
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.)						
		Luis Ordinola					
		Typed	or printed name of signee				
	Filing Food						

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)