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SECRETARY OF STATE PALLAHASSEE FLORIDA

1#

## **COVER LETTER**

	Registration Section Division of Corporations	
SUBJEC*	Healthy US Vending, LLC	
SOBJEC	Name of Limited Liability Company	
The enclo	closed Articles of Organization and fee(s) are submitted for filing.	
Please ret	eturn all correspondence concerning this matter to the following:	
	Lawrence W. Van Alstine, II	
	Name of Person	
	Healthy US Vending, LLC	
	Firm/Company	
	450 Van Pelt Lane	
	Address	
	Pensacola, FL 32505	
	City/State and Zip Code larryvan105@gmail.com	
	E-mail address: (to be used for future annual report notification)	
For further i	er information concerning this matter, please call:	
	Larry Van Alstine 803 206-2209	
	Name of Person Area Code Daytime Telephone Numi	<del>per</del>
Enclosed i	d is a check for the following amount:	
\$125.00 F	Certificate of Status ——Certified Copy —— Ce  (additional copy is enclosed) Certified Copy	0.00 Filing Fee, ratificate of Status & tified Copy tional copy is enclose.
	Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301	:

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	FILED
The name of the Limited Liability Company is:	FILED 16 MAY 31 PM 2: 12
Healthy US Vending, LLC	SECRETARIA
(Must end with the words "Limited Liabi	SECRETARY OF STATE  SECRETARY OF STATE  OF THE TOTAL PROPERTY OF STATE  SECRETARY OF STATE  FALLAHASSEE FLORIDA
ARTICLE II - Address:	
The mailing address and street address of the principal office of	f the Limited Liability Company is:
Principal Office Address:	Mailing Address:
Healthy US Vending, LLC	Healthy US Vending, LLC
450 Van Pelt Lane	450 Van Pelt Lane
Pensacola, FL 32505	Pensacola, FL 32505
ARTICLE III - Registered Agent, Registered Office, & Reg (The Limited Liability Company cannot serve as its own Regis another business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent	are:
Lawrence W. Van Alstine,	11
Nam	е
450 Van Pelt Lane	
Florida street address (P.O.	Box NOT acceptable)

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 605, F.S..

State

Pensacola

City

Registered Agent's Signature (REQUIRED

(CONTINUED)
Page 1 of 2

The name and address of each person a	15 HAY 31 Du		
<b>Title:</b> "AMBR" = Authorized Member	Name and Address:  SECRETARY OF STALLAHASSEF FLOR		
"MGR" = Manager	MLLAHASSEFFELIE		
MGR	Lawrence W. Van Alstine  450 Van Pelt Lane		
	Pensacola, FL 32505		
	Tonsacona, TE 32303		
	····		
(Use attachment if necessary)			
TCLE V: Effective date, if other than the date n effective date is listed, the date must be spate of filing.)	e of filing: 06/01/2016 (OPTIONAL)  Decific and cannot be more than five business days prior to or 90 days after  meet the applicable statutory filing requirements, this date will not be listed as of State's records.		
TICLE V: Effective date, if other than the date in effective date is listed, the date must be splate of filing.)  E: If the date inserted in this block does not in the date inserted in this block does not in the date inserted in this block does not in the date inserted in this block does not in the date inserted in this block does not in the date inserted in this block does not in the date inserted in this block does not in the date inserted in this block does not in the date inserted in this block does not in the date in the da	meet the applicable statutory filing requirements, this date will not be listed as		
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ICLE V: Effective date, if other than the date in effective date is listed, the date must be spate of filing.)  If the date inserted in this block does not nocument's effective date on the Department occument's effective date on the Department ICLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a material of the date must be spateness.	meet the applicable statutory filing requirements, this date will not be listed as of State's records.  The most of an authorized representative of a member of a		

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)