To: FL DIVISION OF CORPORATIONS Page 2 of 4 2019-11-14 18 26:17 (GMT) Division of Corporations

18886118813 From: Vcorp Services, LLC Page 1 of 2



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : VCORP SERVICES, LLC

Account Number : I20080000067 Phone : (945)425-0077 Fax Number : (845)818-3588

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

filings@vcorpservices.com Email Address:

FLORIDA LIMITED LIABILITY CO. **Breaking Vending South LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

*This was faxed over on Nov 7th, 2019. Please honor that submission date*_-

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ARTICLE I - Name: The name of the Limited Liability Company is:

Breaking Vending South LLC

(Must contain 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:

Mailing Address:
PO Box 641
Pomona, NY 10970

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:

Vcorp Services, LL	C	
	Name	
5011 South State Ro	oad 7, Suite 106	
Florida street addre	ss (P.O. Box <u>NOT</u> ac	cceptable)
Davie	FL	33314
City	State	Zip

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

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