

P02 0000 18161

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**SUBJECT: Dimensional Vending, Inc.**

600004914586--9  
-02/13/02--01046--002  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

Enclosed is an original and one (1) copy of the articles of incorporation and a check for:

\_\_\_\_\_ \$70.00  
Filing Fee

X \$78.75  
Filing Fee  
& Certificate of Status

**FROM:** Mr. Michael Giattino  
1521 N.W. 178th Terrace  
Pembroke Pines, FL 33029  
(954) 450-9333

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
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## ARTICLES OF INCORPORATION

### ARTICLE I

#### Name

The name of the corporation shall be: **Dimensional Vending, Inc.**

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### ARTICLE II

#### Principal Office

The principal office of the Corporation in the State of Florida shall be located at 1521 N.W. 178th Terrace, Pembroke Pines, Florida 33029, County of Broward. The Corporation may have such other offices, either within or without the State of Florida, as the Board of Directors may designate or as the business of the Corporation may require from time to time.

### ARTICLE III

#### Shares

The number of shares that this corporation is authorized to have outstanding at any one time is 1,000 shares at .001 par value.

### ARTICLE IV

#### Registered Agent

The name and address of the initial registered agent is:

Mr. Michael Giattino  
1521 N.W. 178th Terrace  
Pembroke Pines, FL 33029

### ARTICLE V

### Incorporator

The name and address of the incorporator to these Articles of Incorporation is:

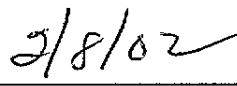
Mr. Michael Giattino  
1521 N.W. 178th Terrace  
Pembroke Pines, FL 33029

  
\_\_\_\_\_  
Signature/Incorporator

  
\_\_\_\_\_  
Date

Having been named as registered agent and to accept service of process for the above stated corporation 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.

  
\_\_\_\_\_  
Signature/Registered Agent

  
\_\_\_\_\_  
Date

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