P03000022043

(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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02/24/03--01059--006 **87.50

03 FEB 24 PM 4: 15
SECRETARY OF STATE
AND AHASSEE, FLORIDA

11, 2/24

TRANSMITTAL LETTER

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

SUBJECT: GOLD COAST VENDING CO. INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an orig	rinal and one (1) copy of the art	ticles of incorporation and	d a check for:
\$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	#\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
FROM: _	Autonio Rom	A A U e (Printed or typed)	
	11180 - 154 9	Pd N Address	
	JuPilen Flori	10 A. 33 4 7 8 , State & Zip	8
-	561-748-6 Daytime	173	

NOTE: Please provide the original and one copy of the articles.

D3 FEB 17 AM ID: 02

11-4612



FLORIDA DEPARTMENT OF STATE Ken Detzner Secretary of State

February 17, 2003

ANTONIO ROMAN 11180 - 154 RD N JUPITER, FL 33478

SUBJECT: GOLD COAST VENDING CO. INC.

Ref. Number: W03000004612

We have received your document for GOLD COAST VENDING CO. INC. and check(s) totaling \$87.50. However, your check(s) and document are being returned for the following:

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with an address and telephone number where you can be reached during working hours.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6919.

Beth Register
Corporate Specialist Supervisor
New Filings Section

Letter Number: 403A00010415

· ARTICLES OF INCORPORATION

FILED

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

03 FEB 24 PM 4: 15

The name of the corporation shall be: OMEGA VENDING. CON TUSECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

POBOX 1939

Jupiter FLO. 33468

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Selling Beverage, CANDY AND SNACKS

ARTICLE IV **SHARES**

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

ANTONIO ROMAN - Pres. MARLENE ROMAN - VICE PRES

ANTHONY L. ROMAN Sec. Treasure

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

ANTONIO ROMAN

11180 154 Rd N.

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

ANTONIO ROMAN 11180 154 Ry N.

JU PILEN FL 33478

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I gm familiar with and accept the appointment as registered agent and agree to act in this capacity

gnature/Ragistered Agent

Signature/Incorporator

02 -20 ~ 03 Date