

P03000057142

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Dennis Lucas GAVE

AUTHORIZATION BY PHONE TO

CORRECT CORP. name

DATE 5-23-03

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05/15/03--01068--009 **78.75

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03 MAY 15 PM 1:23
SECRETARY OF STATE
HALLMARK FLOOR

gsl

TRANSMITTAL LETTER

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

SUBJECT: RESORT VENDING OF BROWARD COUNTY, INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Dennis Lucas
Name (Printed or typed)

3001 NE 52 ST
Address

Lighthouse Point, FL 33064
City, State & Zip

954-913-1434
Daytime Telephone number

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

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

[Signature]
RESORT VENDING OF BROWARD COUNTY, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

3001 NE 52 ST
Lighthouse Point FL 33064

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Vending sales

ARTICLE IV SHARES

The number of shares of stock is:

10,000

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

ARTICLE VI REGISTERED AGENT

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

Dennis Lucas
3001 NE 52 ST
Lighthouse Point, FL 33064

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Dennis Lucas
3001 NE 52 ST
Lighthouse Point, FL 33064

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

[Signature]

Signature/Registered Agent
[Signature]

Signature/Incorporator

[Signature]

Date
5-12-03

Date
5-12-03

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA