## 04000133

Office Use Only



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## TRANSMITTAL LETTER

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

SUBJECT:	PROPOSEY CORPORAT	iding Seri	nces Inc
	(PROPOSED CORPORAT	TE NAME  - <u>MUST INCL</u> I	<u>JDE SUFFIX</u> )
Enclosed are an orig	inal and one (1) copy of the artic	les of incorporation and	a check for:
☐ \$70.00 Filing Fee	1 \$78.75 Filing Fee	\$78.75 Filing Fee	\$87.50 Filing Fee,
Timig 1 cc	& Certificate of Status	& Certified Copy	Certified Copy & Certificate of
	-	ADDITIONAL CO	Status PY REQUIRED
FROM:	Nathan Sten Fi	Printed or typed)	
	6 4821 23 ml	Auc So	
-	S7. Delerslang F	Torida 33-	701
-	727 - 481 - 067 Daytime Te	lephone number	<del></del> -

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:  Healthy Vending Services, Inc.  ARTICLE II PRINCIPAL OFFICE  The principal place of business/mailing address is:
ARTICLE II PRINCIPAL OFFICE  The principal place of business/mailing address is:  4821 23rd Ave South ST. Detersburg FL 337110
ARTICLE III PURPOSE  The purpose for which the corporation is organized is:
ARTICLE IV SHARES The number of shares of stock is: 20 Shares
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s):  Brion Confiney President Treasury
Nathan Stenfors CEO corporate secretary Lisa Goldberg COO
ARTICLE VI REGISTERED AGENT  The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:
Brian Coffrey 276 7th Ave NE #7 8+ Peters burg FC 33701  ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Wather Stenfors 4821 23rd Ave North 8t. Relosburg FZ 33711
periody on the a light water that he had a great of

Signature/Registered Agent

Date

9/16/04

Signature/Incorporator

Date

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