

P05000057225

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

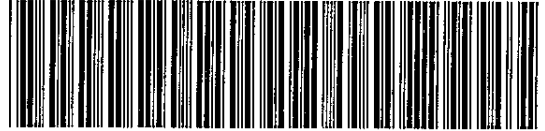
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APR 19 12:28  
TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

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

SUBJECT: Tropical Vending 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: Valerie A. K. James  
Name (Printed or typed)

6351 Sinkole DR.  
Address

Tallahassee FL 32312  
City, State & Zip

850-668-7867  
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: *TROPICAL VENDING INC.*

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is: *Valerie James*

6351 Sinkola Dr.  
Tallahassee, FL 32312

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: *Profit*

**ARTICLE IV SHARES**

The number of shares of stock is: *100*

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

List name(s), address(es) and specific title(s):

*Valerie James*  
*6351 Sinkola DR.*  
*Tallahassee, FL 32312*

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

*Valerie James*  
*6351 Sinkola DR.*  
*Tallahassee, FL 32312*

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

*Valerie James*  
*6351 Sinkola DR.*  
*Tallahassee, FL 32312*

\*\*\*\*\*

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

*Valerie James*  
Signature/Registered Agent

*4-19-05*  
Date

*Valerie James*  
Signature/Incorporator

Date

FILED  
05 APR 19 PM 12:28  
ST. CLAIR COUNTY  
TALLAHASSEE, FLORIDA