

PG 60000.16034

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

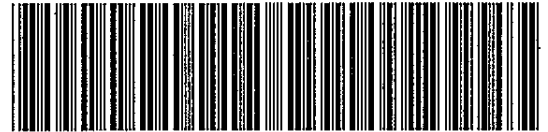
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2-3-06

COVER LETTER

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

SUBJECT: ALL FLAVAZ VENDING SERVICE 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Karl Menard
Name (Printed or typed)

3842 SW 67th Terrace
Address

Miramar FL 33023
City, State & Zip

954-665-4769
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:

ALL FLAVAZ VENDING SERVICE INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

Home Office-3842 SW 67th Terrace
Miramar FL 33023

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Provide vending machines and vending service

ARTICLE IV SHARES

The number of shares of stock is:

One (1)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Karl Menard -President/Owner-3842 SW 67th Terrace
Miramar FL 33023

ARTICLE VI REGISTERED AGENT

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

Karl Menard 3842 SW 67th Terrace
Miramar FL 33023

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Karl Menard 3842 SW 67th Terrace
Miramar FL 33023

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/Registered Agent

1/25/06
Date



Signature/Incorporator

1/25/06
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA