

P07000078266

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

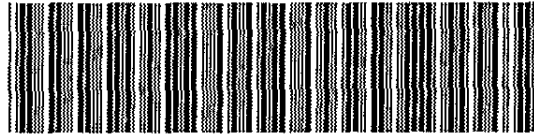
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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SECRETARY OF STATE
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COVER LETTER

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

SUBJECT: Complete 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: Law Office of Conrad Willkomm, P.A.

Name (Printed or typed)

1100 Fifth Avenue South, Suite 409

Address

Naples, FL 34102

City, State & Zip

(239) 262-5303

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:

Complete Vending, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

2864 Coco Lakes Drive
Naples, FL 34105

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Vending

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Raymond Scarcella-President, Vice President, Secretary, Treasure and Sole Director
2864 Coco Lakes Drive
Naples, FL 34105

ARTICLE VI REGISTERED AGENT

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

Raymond Scarcella
2864 Coco Lakes Drive
Naples, FL 34105

ARTICLE VII INCORPORATOR

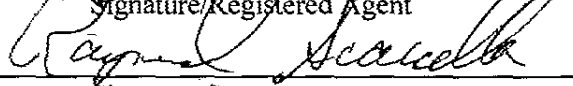
The name and address of the Incorporator is:

Raymond Scarcella
2864 Coco Lakes Drive
Naples, FL 34105

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

7/3/07
Date


Signature/Incorporator

7/3/07
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA