

FD7880126846

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

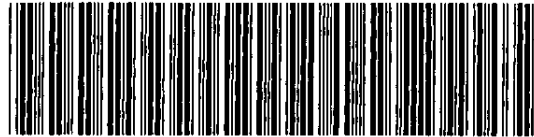
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

~~2007-11-02~~  
11-05-07  
ec

**COVER LETTER**

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

SUBJECT: SOUTH EASTERN ATLANTIC VENDING SERVICES, 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: ORVILLE B EDWARDS  
Name (Printed or typed)

650 CARNIVAL TERRACE  
Address

SEBASTIAN, FL. 32958  
City, State & Zip

772-532-2159  
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 5, 2007

ORVILLE B. EDWARDS  
650 CARNIVAL TERR.  
SEBASTIAN, FL 32958

SUBJECT: TREASURE COAST VENDING CO. INC.  
Ref. Number: W07000054602

We have received your document for TREASURE COAST VENDING CO. INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6995.

Wanda Cunningham  
Regulatory Specialist II  
New Filing Section

Letter Number: 607A00064422

**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:

*SOUTHEASTERN ATLANTIC VENDING SERVICES, INC.*

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

650 CARNIVAL TERRACE  
SEBASTIAN, FL. 32958

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

VENDING

**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):

ORVILLE B EDWARDS  
650 CARNIVAL TERRACE  
SEBASTIAN, FL. 32958  
CHIEF OPERATING OFFICER  
TREASURER

PAULEAN M SMITH  
650 CARNIVAL TERRACE  
SEBASTIAN, FL. 32958  
PRESIDENT  
SECETARY

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**ARTICLE VI REGISTERED AGENT**

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

ORVILLE B EDWARDS  
650 CARNIVAL TERRACE  
SEBASTIAN, FL. 32958

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

ORVILLE B EDWARDS  
PAULEAN M SMITH  
650 CARNIVAL TERRACE  
SEBASTIAN, FL. 32958

\*\*\*\*\*

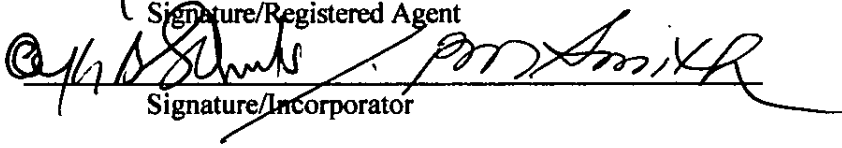
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*



Signature/Registered Agent

10/30/2007

Date



Signature/Incorporator

10/30/2007

Date