

P09000064986

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

(Business Entity Name)

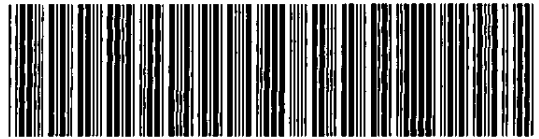
(Document Number)

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TALLAHASSEE, FLORIDA

ack  
7-31-09

## COVER LETTER

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

SUBJECT: JAKAR USA 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      ☒ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                                    & Certificate of  
                                    Status  
**ADDITIONAL COPY REQUIRED**

FROM: ROBERT SZALOBRYT  
Name (Printed or typed)

97 LARIAT CIRCLE  
Address

BOCA RATON, FL 33487  
City, State & Zip

561-929-9591  
Daytime Telephone number

E-mail address: (to be used for future annual report notification)

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



RECEIVED  
DEPARTMENT OF STATE

09 JUL 31 AM 10:35

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 22, 2009

ROBERT SZALOBRYT  
97 LARIAT CIRCLE  
BOCA RATON, FL 33487

SUBJECT: JAKAR USA INC  
Ref. Number: W09000033286

We have received your document for JAKAR USA INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must have a Florida street address. A post office box 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) 245-6869.

Christine Haney  
OPS Clerk  
New Filing Section

Letter Number: 309A00025063

RECEIVED

FLORIDA DEPARTMENT OF STATE

Division of Corporations

## 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: JAKAR USA INC

### ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

97 LARIAT CIRCLE  
BOCA RATON FL 33487

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

VENDING MACHINES

### 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):

ROBERT SZALOBRYT (PRES)  
97 LARIAT CIRCLE  
BOCA RATON FL 33487

### ARTICLE VI REGISTERED AGENT

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

97 LARIAT CIRCLE  
BOCA RATON FL 33487

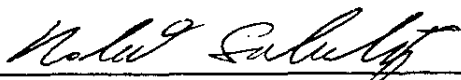
### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

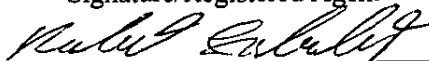
ROBERT SZALOBRYT  
97 LARIAT CIRCLE  
BOCA RATON, FL 33487

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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



Signature/Incorporator

07/17/09

Date

07/17/09

Date

FILED  
09 JUL 31 PM 4:38  
CLERK OF COUNTY OF DADE  
FILED