

P09000069454

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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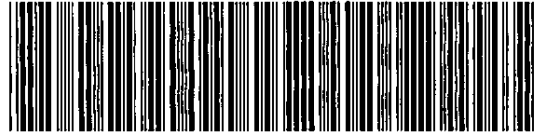
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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8-19-09

TRANSMITTAL LETTER

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

SUBJECT: HVS 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 ☐ \$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: NATHAN STENFORS

Name (Printed or typed)

4821 23RD AVE S

Address

ST PETERSBURG, FL 33711

City, State & Zip

727-481-0672

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:

HVS VENDING, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

4821 23RD AVE S, ST PETERSBURG, FL 33711

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

VENDING FOOD AND BEVERAGE SALES

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):

NATHAN STENFORS - PRESIDENT
4821 23RD AVE S, ST PETERSBURG, FL 33711

ARTICLE VI REGISTERED AGENT

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

NATHAN STENFORS
4821 23RD AVE S, ST PETERSBURG, FL 33711

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

NATHAN STENFORS
4821 23RD AVE S, ST PETERSBURG, FL 33711

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

7-8-2009

Date



Signature/Incorporator

7-8-2009

Date

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CLERK OF STATE
TALLAHASSEE, FLORIDA