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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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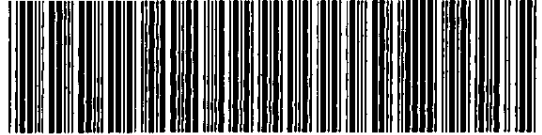
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
10 JAN 11 PM 2:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

not
1-12-10

COVER LETTER

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

SUBJECT: Beacon 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

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Jeffrey J. Kosack

Name (Printed or typed)

PO Box 2714

Address

Jupiter, FL 33468

City, State & Zip

561-743-3292

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:

Beacon Vending Service, Inc.

ARTICLE II PRINCIPAL OFFICE

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

Street Address: 903 Seneca St. Jupiter, FL 33458

Mailing Address: PO Box 2714, Jupiter, FL 33468

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
To engage in Vending activities.

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):

Jeffrey J. Kosack, President

903 Seneca St.

Jupiter, FL 33458

ARTICLE VI REGISTERED AGENT

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

1201 Hays Street, Tallahassee, FL 32301

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Jeffrey J. Kosack

903 Seneca St.

Jupiter, FL 33458

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

Lamont W Jones, Assistant VP

Signature/Registered Agent

Date

Signature/Incorporator

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA