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SECRETARY OF STATE
DIVISION OF CORPORATIONS
2011 MAY 16 PM 4:39

5/18/11

COVER LETTER

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

SUBJECT: Atvs-vending engineering 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: Atvs-vending engineering Inc

Name (Printed or typed)

1714 N Goldenrod Rd, Suite A6

Address

Orlando, Fl. 32807

City, State & Zip

321 251 4686

Daytime Telephone number

customerservice@atvsinc.com

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

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

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SECRETARY 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:

Atvs-vending engineering Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

1714N Goldenrod rd
Suite A6
Orlando, FL 32807

Mailing address, if different is:

340 Fieldstream North Blvd
Orlando, FL 32825

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

THE PROVISION OF SERVICES RELATED TO THE VENDING Business, with may be:

1. The purchase and sale of machines, equipment, parts, components and supplies new o used for vending business.
2. The repair of items escribed above.
3. The provision of any kind of vending services to companies and organizations.

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Mauricio Murcia - President
Address: 340 Fieldstream North Blvd
Orlando, FL 32825

Name and Title: _____
Address: _____

Name and Title: Mery Lucia Calderon- VP
Address: 340 Fieldstream North Blvd
Orlando, FL 32825

Name and Title: _____
Address: _____

Name and Title: Luis Alejandro murcia Mg
Address: 340 Fieldstream North Blvd
Orlando, FL 32825

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Luis Alejandro Murcia
Address: 340 Fieldstream north Blvd
Orlando, FL 32825

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Luis Alejandro Murcia
Address: 340 Fieldstream north Blvd
Orlando, FL 32825

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]
Required Signature/Registered Agent

5/11/2011
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

[Signature]
Required Signature/Incorporator

5/11/2011
Date

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DIVISION OF CORPORATIONS