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13 FEB 19 PM 4:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. Burch FEB 20 2013

## COVER LETTER

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

SUBJECT: Stellar One ATM  
(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: Gustavo Vega  
Name (Printed or typed)

905 NW 107<sup>th</sup> Avenue  
Address

Pembroke Pines, FL 33026  
City, State & Zip

954-557-9724  
Daytime Telephone number

Gustavo Vega @ Southernwine.com  
E-mail address: (to be used for future annual report notification)

**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: Stellar One ATM, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

905 NW 107th Avenue  
Pembroke Pines FL 33026

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: to maintain placement on  
ATM's in businesses by replenishing cash &  
ensuring customer satisfaction.

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**ARTICLE IV SHARES**

The number of shares of stock is: 2

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title:	<u>Gustavo Vega/President</u>	Name and Title:	<u>Kelvin Torres/Vice President</u>
Address	<u>905 NW 107th Ave.</u>	Address:	<u>8534 SW 5th St.</u>
	<u>Pembroke Pines, FL 33026</u>		<u>Bldg # 11 Apt. 204</u>
			<u>Pembroke Pines, FL 33025</u>

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

(conti.)

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: Gustavo Vega  
Address: 905 NW 107th Ave.  
Pembroke Pines, FL 33026

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**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Gustavo Vega  
Address: 905 NW 107th Ave.  
Pembroke Pines, FL 33026

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.

Gustavo Vega  
Required Signature/Registered Agent

2/16/13  
7/8/13  
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.

Gustavo Vega  
Required Signature/Incorporator

2/16/13  
7/8/13  
Date