Division of Corporation

Division of Corporations Electronic Filing Cover Sheet

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(((H13000062573 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : FILINGS, INC. Account Number : 072720000101 Phone : (850)385-6735

Fax Number

: (954)641-4192

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

| Email | Address: | | | | |
|-------|----------|------|------|------|--|
| | | | | | |

FLORIDA PROFIT/NON PROFIT CORPORATION D & E HEALTHY VENDING, INC.

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | \$70.00 |

Electronic Filing Menu

Corporate Filing Menu

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

| | NCIPAL OFFICE | VENDING, | INC | | |
|-----------------------|--|---------------------|--|--|--|
| | Principal street address | | Mailing address, if different is: | | |
| 3451 North Hil | ls Dr . | | | | |
| Hollywood, FL | . 33021 | | | | |
| ARTICLE III POR | POSE ne corporation is organized is: | | , | | |
| The corporation may e | ngage in any activity or business perm | itted under the law | s of the United States and of this state | | |
| | | | -1. | | |
| | | | ALLANDA | | |
| | , | | 99 5 | | |
| | RES One Thousand (1,000) S | | PH 4: 05 | | |
| | Dean M. Levrey, Pres | | Ell W. Levrey, Secy | | |
| Address | 3451 North Hills Dr | | 933 N 32 Avenue | | |
| | Hollywood, FL 33021 | <u> </u> | Hollywood, FL 33021 | | |
| Name and Title; | | Name and Title | | | |
| Address | | Address: | | | |
| | | | | | |
| Name and Thie: | | Name and Titic | | | |
| Address | | Address: | | | |
| | | | | | |

| Name and Title: | | Name and little: | | |
|--|--|--|--|--|
| Address | | Address: | | |
| | · · · · · · · · · · · · · · · · · · · | | | |
| | | Part 1997 1997 1997 1997 1997 1997 1997 199 | | |
| | • | | | |
| ARTICLE VI | REGISTERED AGENT prida sircet address (P.O. Box NOT acceptable) of | of the registered point is: | | |
| Name: | David J. Schottenfeld | , and the position of the same | | |
| Address: | 7520 NW 5 Street # 203 | | | |
| | Plantation, FL 33317 | SECRE | | |
| ARTICLE VII | INCORPORATOR | HAR 19 PH | | |
| The name and ad | dress of the Incorporator is: | 79 3 0 | | |
| Name: | David J. Schottenfeld | 55 5 | | |
| Address: | 7520 NW 5 Street # 203 | 9 | | |
| | Plantation, FL 33317 | | | |
| Having been num this certificate, I a | ned as registered agent to arrient service of process in familiar with and accept the appointment as reg | s for the above stated corporation at the place designated it gistered agent and agree to act in this capacity | | |
| \mathcal{L}_{α} | wire (Schotten leld | March 13, 2013 | | |
| | Respired Signature/Registered Agent | Date | | |
| I submit this document to the I. | ument and difficult that the facts stated herein are in Department of State constitutes a third degree feloni | true. I am aware that the false Information submitted in a ny as provided for in s.817.155, F.S. | | |
| 1 | Schotten eld | March 13, 2013 | | |
| | Continued D. Burging a month house | Date | | |