

P/3000093472

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

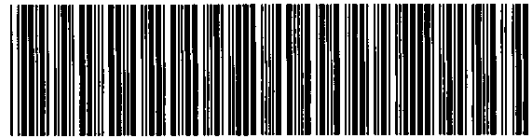
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R 11/18/13

COVER LETTER

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

SUBJECT: Reese Vending Corporation
(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: Victor J. Spatz
Name (Printed or typed)
4821 Cypress Serenity Dr
Address
Plant City, FL 33565
City, State & Zip
813 986-0789
Daytime Telephone number
victor_spatz@yahoo.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: Reese Vending Corporation

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

4821 Cypress Serenity Dr

Plant City, FL 33565

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Vending, Retail Sales

ARTICLE IV SHARES

The number of shares of stock is: 100

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TALLAHASSEE, FLORIDA

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Victor J. Spatz President

Name and Title: Victor J. Spatz Secretary

Address 4821 Cypress Serenity Dr
Plant City, FL 33565

Address: 4821 Cypress Serenity Dr
Plant City, FL 33565

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: Victor J. Spatz
Address: 4821 Cypress Serenity Dr.
Plant City, FL 33565

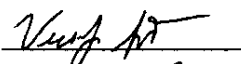
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TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Victor J. Spatz
Address: 4821 Cypress Serenity Dr
Plant City, FL 33565

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



VICTOR J. SPATZ

Required Signature/Registered Agent

Nov 11, 2013

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.


VICTOR J. SPATZ

Required Signature/Incorporator

Nov 11, 2013

Date