

P14000011763

(Requestor's Name)

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(Address)

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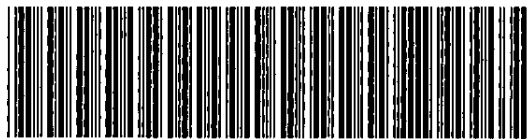
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

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

SUBJECT: Associated Vending International, 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: Ryan Beres
Name (Printed or typed)

3275 Percival Ave. Unit BB
Address

Coconut Grove, FL. 33133
City, State & Zip

305-331-2280
Daytime Telephone number

r.beres@umiami.edu
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: Associated Vending International, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

3273 3275 Percival Ave. Unit BB
Coconut Grove, FL 33133

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To operate a vending machine distribution business.

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Ryan Max Beres - COB

Name and Title: _____

Address: 3273 3275 Percival Ave. Unit BB

Address: _____

Coconut Grove, FL 33133

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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(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: Jason A. Deitch, Esq.
Address: 1263 E. Las Olas Blvd. Ste. 104
Ft. Lauderdale, FL. 33301

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Ryan Beres
Address: 3273 3275 Percival Ave. Unit BB
Coconut Grove, FL. 33133

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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

Required Signature/Registered Agent
1/29/14
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.

Required Signature/Incorporator
1/29/14
Date