

P22000047389

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400389285584

06/13/22--01003--001 **70.00

S. CHATHAM
JUN 13 2022

RECEIVED
2022 JUN 13 PM 1:51
DIVISION OF CORPORATION
TALLAHASSEE, FLORIDA

22 JUN 13 AM 3:09
DIVISION OF CORPORATION
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Vending Connect, Co.
(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: NICOLE CASTLE
Name (Printed or typed)

555 NE 8TH ST., UNIT 606
Address

FORT LAUDERDALE, FL 33304
City, State & Zip

(954) 821-1000
Daytime Telephone number

CASTLENNIC@gmail.com
E-mail address: (to be used for future annual report notification)

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

RECEIVED
22 JUN 13 AM 3:09

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: Vending Connect, CO.

ARTICLE II PRINCIPAL OFFICE

Principal street address

555 NE 3th St, Unit 100
Fort Lauderdale, FL 33304

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Vending

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Nicole Castle, D/P Name and Title: _____

Address 555 NE 3th St, Address: _____

Unit 100

Fort Lauderdale, FL 33304

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

22 JUN 13 AM 3:09
STATE OF FLORIDA
CLERK OF THE CIRCUIT COURT
IN AND FOR THE COUNTY OF DADE

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: NICOLE CASTLE

Address: 555 NE 3th St, Unit 606
FORT LAUDERDALE, FL 33304

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: NICOLE CASTLE

Address: 555 NE 3th St, Unit 606
FORT LAUDERDALE, FL 33304

22 JUN 13 AM 3:09

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 06/13/22 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

Nicole Castle
Required Signature/Registered Agent

06/13/22
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.

Nicole Castle
Required Signature/Incorporator

06/13/22
Date