

12/5/23 10:38 AM

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : MJD ACCOUNTING SERVICES CORP  
Account Number : 120220000156  
Phone : (954)471-5645  
Fax Number : (305)356-3688

\*\*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  
LD VENDING SOLUTIONS CORP

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$78.75

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Corporate Filing Menu

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**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: LD VENDING SOLUTIONS CORP

**ARTICLE II PRINCIPAL OFFICE**

Principal street address	Mailing address, if different is:
19032 SW 55th STREET	
MIRAMAR FL 33029	

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: CAROLINA PACHECO	Name and Title: PRESIDENT
Address: 19032 SW 55th STREET	Address: _____
MIRAMAR FL 33029	_____
_____	_____

Name and Title: JORGE E VILLARREAL	Name and Title: VICEPRESIDENT
Address: 19032 SW 55th STREET	Address: _____
MIRAMAR FL 33029	_____
_____	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____

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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: JORGE E VILLARREAL  
Address: 19032 SW 55th STREET  
MIRAMAR FL 33029

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: JORGE E VILLARREAL  
Address: 19032 SW 55th STREET  
MIRAMAR FL 33029

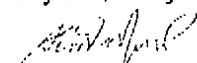
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

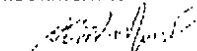
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

**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*

 _____ Required Signature/Registered Agent	<u>12/04/2023</u> _____ Date
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*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	<u>12/04/2023</u> _____ Date
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