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TRANSMITTAL LETTER

95 FEB -8 AM 10:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

400001400664
-02/09/95--01093--008
***131.25 ***131.25

SUBJECT: VENDING COMMUNICATIONS INCORPORATED
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check
for :

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☒ \$131.25
Filing Fee,
Certified Copy
& Certificate

FROM: ALBERTO J. SUSI

Name (printed or typed)

155 N.E. 162nd STREET

Address

NORTH MIAMI, FLORIDA 33162

City, State & Zip

(305) 945-4987

Daytime Telephone number

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

MA
2-10-95

ARTICLES OF INCORPORATION

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

VENDING COMMUNICATIONS INCORPORATED

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

155 N.E. 162nd STREET
NORTH MIAMI, FLORIDA 33162

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1000 SHARES OF COMMON STOCK AT ONE DOLLAR (1.00)
PAR VALUE PER SHARE.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

ALBERTO J. SUSI
155 N.E. 162nd STREET
NORTH MIAMI, FLORIDA 33162

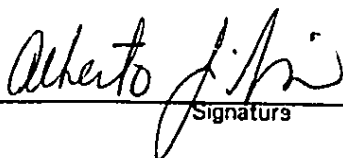
ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

ALBERTO J. SUSI
155 N.E. 162nd STREET
NORTH MIAMI, FLORIDA 33162

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

4th day of FEBRUARY, 1995.



Signature

Signature

Signature

Articles of Incorporation
Filing Fee - \$35

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: VENDING COMMUNICATIONS INCORPORATED

2. The name and address of the registered agent and office is:

ALBERTO J. SUSI

(Name)

155 N.E. 162nd STREET

(P.O. Box not acceptable)

NORTH MIAMI, FLORIDA 33162

(City/State/Zip)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Alberto J. Susi
(Signature)

FEBRUARY 4th, 1995

(Date)

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Requester's Name) _____
Date 12/1/95
Sender's Name SHARAE Kallin
Company AELION & LOREN PA
Address 152 NE 167TH ST 5TH FLR
City MIAMI
State FL 33162
Filing # 3433/VOI
USE ONLY

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. _____ (Corporation Name) _____ (Document #)
2. _____ (Corporation Name) _____ (Document #)
3. _____ (Corporation Name) _____ (Document #)
4. _____ (Corporation Name) _____ (Document #)

☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A. Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

2/2/99
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*****35.00 *****35.00

Florida Department of State, Jim Smith, Secretary of State

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1503, or 617.1506, Florida Statutes, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1a. The name of the corporation is: Vending Communications Incorporated

1b. Date of incorporation February 8, 1995 Document number 95000011467

2. The name and address of the current registered agent and office:

Alberto J. Susi 155 Northwest 162nd Street North Miami, Florida 33162

3. The name and address of the new registered agent and office:
(P.O. Box Not Acceptable)

Action on Loren, PA 152 Northwest 167th Street, Fifth Floor N. Miami Beach, Florida 33162

The street address of its registered agent and the street address of the business office of its registered agent as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

Alberto J. Susi

SIGNATURE

11-29-95

DATE

ALBERTO J. SUSI (owner/pres.)

Typed or printed name and title

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATION OF MY POSITION AS REGISTERED AGENT.

SIGNATURE

David Action
(Registered Agent)

DATE

11/29/95

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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