

TRANSMITTAL LETTER

Department of State
Division of Corporations
P.O. Box 627
Tallahassee, FL 32304

PH 0000 89448

SUBJECT: T-N-T Vending, Inc.
(proposed corporate name)

Enclosed please find an original and one (1) copy of the articles of incorporation for the above corporation and check in the amount of \$ 70.00

400001982564--1
-10/22/96--01057--008
*****70.00 *****70.00

FROM:

Metro Business Services, Inc.

Name

2214 University Blvd, West

Address

Jacksonville, FL. 32217

City, State, & Zip

(904) 233-9226

Telephone Number

Walt - 27528
NA

Note: Additional copy of articles is needed only when certified copy is requested.

[Handwritten signature]



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

October 22, 1996

METRO BUSINESS SERVICES INC.
2214 UNIVERSITY BLVD. WEST
JACKSONVILLE, FL 32217

SUBJECT: T - N - T VENDING, INC.
Ref. Number: W96000022528

We have received your document for T - N - T VENDING, INC. and check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of an entity name **DOES NOT** constitute a difference. Please select a new name and make the substitution in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

When the document is resubmitted, please return a copy of this letter to ensure that your document is properly handled.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6934.

Loria Poole
Corporate Specialist

Letter Number: 996A00048736

ARTICLES OF INCORPORATION

OF

Turner Vending, Inc.

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: *Turner Vending, Inc.*

ARTICLE II PRINCIPAL OFFICE

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

*4215 Post Street
Jacksonville, Florida 32205*

ARTICLE III CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: *1000*

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

*W.E. Turner
4215 Post Street
Jacksonville, Florida 32205*

ARTICLE V INCORPORATOR(S)

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

*W.E. Turner
4215 Post Street
Jacksonville, Florida 32205*

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

17th day of October, 19 96

William E. Turner President
Signature/Title

Signature/Title

Signature/Title

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, 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: Turner Vending, Inc.

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

W. E. Turner

(NAME)

4215 Post Street

(P.O. BOX NOT ACCEPTABLE)

Jacksonville, Florida 32205

(CITY/STATE/ZIP)

SIGNATURE

William E. Turner
(corporate officer)

TITLE

DATE

October 17, 1996

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.

SIGNATURE

William E. Turner

DATE

October 17, 1996

REGISTERED AGENT FILING FEE: \$35.00