# P970000146021

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

SUBJECT:	CORPORATE OFFIC (Proposed co	E VENDING, inporate name - must include	<b>エルC・</b> de suffix)  ロロロロロ2181 -05/22/97- ****131.2	 :82600 :-01077013 5 ****131.25
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	
		ADDITIONAL CO	OPY REQUIRED	
FROM	FROM: Jo A EKIUND  Name (Printed or typed)  9370 NW 19 PLACE  Address  SUNRISE H. 33333  City, State & Zip  954-749-7344			SECRETARY OF STATE
	454- 70	49- 7344 19-2080 - FA elephone number	х	. SNS LE

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

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## ARTICLES OF INCORPORATION

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

#### ARTICLE I NAME

The name of the corporation shall be:

CORPORATE OFFICE VENDING, INC.

#### ARTICLE II PRINCIPAL OFFICE

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

9270 NW 19 PL. SUNRISE, 71. 33322

#### ARTICLE III SHARES

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

1,000

# INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

9270 NW 19 PLACE SUNRISE 71. 33322 JO EKIUND

### ARTICLE V \_ INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

JO A EKIUND 9270 NW 19 PLACE SUNRISE H. 33322

(An additional article must be added if an effective date is requested.)

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/Registered Agent

5-12.97 Date