TRANSMITTAL LETTER

P98000053856

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

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Tallanassee, FL 32314					
SUBJECT:	Boy Orla Ver (Proposed corpora	ding Senti ate name -)must include suff	ces Inc.	<u> </u>	
		11	00002559! -06/15/980 ******78.75	5611 1054018 *****78.75	
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	PY REQUIRED		
FROM: _	Michael S. d.	Evangelia E	wolff		
	1727 The	address	et_	• •	
	<u>Clearwater</u>	-, Fronda State & Zip	33755	 م	
	813-44	He-0315	ECRET	98.111	

Daytime Telephone number

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.

SECRETARY OF STATE TAILAHASSEE, FLORIDA	98 JUN 15 PM 2:5	FILEU
REF	5	

ARTICLE I NAMI

The name of the corporation shall be:

area Vending Services Inc.

ARTICLE II PRINCIPAL OFFICE

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

Clearwater, FL 33755 Thames Street

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

SMIRE

INITIAL REGISTERED AGENT AND STREET ADDRESS

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

1727 Thames St Clearwater to Michaels. Wolff

ARTICLE V INCORPORATOR

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

Thames St. Clearwater 1727

(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