

TRANSMITTAL LETTER

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

SUBJECT: ALL ABOUT VENDING INC.  
(Proposed corporate name - must include suffix)

600002737326--9  
-01/11/99--01144--009  
\*\*\*\*\*78.75 \*\*\*\*\*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 COPY REQUIRED

FROM: ANTONIO FERRAO  
Name (Printed or typed)

1316 MILTON ST.  
Address

CLEARWATER FL, 33756  
City, State & Zip

727-4429093  
Daytime Telephone number

FILED  
99 JAN 11 AM 9:52  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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

## ARTICLES OF INCORPORATION

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

### ARTICLE I NAME

The name of the corporation shall be:

All About Vending, Inc.

### ARTICLE II PRINCIPAL OFFICE

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

1316 Milton St.  
Clearwater, Fl. 33756

### ARTICLE III SHARES

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

One hundred shares of one dollar per value, stock.

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS


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

Antonio Ferro  
1316 Milton St.  
Clearwater, Fl. 33756

### ARTICLE V INCORPORATOR

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

Antonio Ferro  
1316 Milton St.  
Clearwater, Fl. 33756

  
Signature/Incorporator

1-6-99  
Date

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

1-6-99  
Date

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA