

P00000010599

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

FILED
00 JAN 26 AM 8:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: Fantasy Works Inc.
(Proposed corporate name - must include suffix)

500003111125--0
-01/26/00--01057--005
*****87.50 *****87.50

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 of Status

☐ \$78.75 Filing Fee
& Certified Copy
☒ \$87.50 Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Sean Phillips
Name (Printed or typed)

3215 Andros Place
Address

Orlando, FL 32827
City, State & Zip

407-816-6719
Daytime Telephone number

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 the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Fantasy Works, Inc.

ARTICLE II PRINCIPAL OFFICE

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

**3215 Andros Place
Orlando, FL 32827**

ARTICLE III SHARES

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

2,000,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

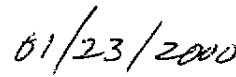
**Sean Robert Phillips
3215 Andros Place
Orlando, FL 32827**

ARTICLE V INCORPORATOR

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

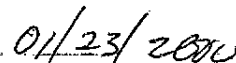
**Sean Robert Phillips
3215 Andros Place
Orlando, FL 32827**


Signature/Incorporator


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


Date

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