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TRANSMITTAL LETTER

00 AUG 14 PM 4:05

SEGRE PARY OF STATE
TALLAHASSEE. FLORIDA

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

600003355426——6 -08/14/00-50095—024 ******78 75 ******78 75

| SUBJECT: | Fatexxx Corpora | O. TE NAME – <u>MUST INCL</u> I | UDE SUFFIX) | <u></u> . |
|-----------------------|--|--|--|---|
| Enclosed is an origir | nal and one(1) copy of the article | es of incorporation and a | check for: | |
| \$70.00 Filing Fee | \$78.75 Filing Fee & Certificate of Status | \$78.75 Filing Fee & Certified Copy ADDITIONAL CO | \$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED | |
| FROM | : Robert P. P. Name (Pr | assons <u>Jr.</u> inted or typed) | | - |
| | _ 583 Carri | gan ave | | enter de la companya |
| | Oviedo J | -L. 3276 State & Zip | <u> </u> | * 1. : |
| | 407-) Daytime Te | 52-4922 elephone number | | |

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

| ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 601 F.S. (D. Co.) | | |
|--|---------------------------------|--|
| In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) | | SILED. |
| ARTICLE I NAME The name of the corporation shall be: | | On Aug. |
| Fatexxx Corp. | | OO AUG 14 PM 4: 05 SECRETARY OF STATE TALLAHASSEE, FLORIDA |
| ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: | . 14 | SEE, FLORIDA |
| 583 Carrigan Que Oviedo, FL 32765 | · - | |
| ARTICLE III PURPOSE The purpose for which the corporation is organized is: | * | . 27 - 2-17 - |
| internet website development | | |
| ARTICLE IV SHARES The number of shares of stock is: | | |
| ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s) and address(es): Robert P Passons Ir. Chad Dio 583 Carrigan Cwc 1245 Erik Ovicedo FL 32765 ARTICLE VI REGISTERED AGENT | α_{\perp} | -C. 32714 |
| The <u>name and Florida street address</u> of the registered agent is: Robert P. Passons Jr. | | · <u>·</u> · · |
| 583 Carrigan ave Oviedo, FC 32765 | | |
| ARTICLE VII INCORPORATOR | | |
| The <u>name and address</u> of the Incorporator is: | | |
| Robert P. Passons Jr. | - | |
| 583 Carrigan ave | | |
| Oviedo, FL 32765 ************************************ | ** ** ** ** ** ** ** ** ** ** * | ****** |
| Having been named as registered agent to accept service of process for the above stated corr | oration at the pl | |
| certificate, I am familiar with and accept the appointment as registered agent and agree to ac | t in this capacity | · |
| Schut Barrow to | 8/9/ | ∞ |
| Signature/Registered Agent | Date | |
| Balt Passer Ir | 8/9/ | ∞ |
| Signature/Incorporator | Date | |