TRANSMITTAL LETTER il ED 01 JUL 23 AM 8:56 ECRETARY OF STATE LLAHASSEE, FLORIDA Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 Fantasia-Albarrar (Proposed corporate **SUBJECT:** -nC must include suffix) 100004492801-07/24/01 -016 Enclosed is an original and one(1) copy of the articles of incorporation and a check for : \$70.00 \$78.75 □\$78.75 **X** \$87.50 Filing Fee Filing Fee Filing Fee Filing Fee, & Certificate of Status & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED FROM: ame (Printed or typed) rou Groundhog College Rd. 19382 Chester PA-City, State & Zip <u>193 - 1315</u> Daytime Telephone number 610

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 <u>NAME</u>

The name of the corporation shall be:

FANTASIA-ALBARRAN STABLE; Inc.

ARTICLE II PRINCIPAL OFFICE

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

5958 NW, 113 PL Miami, FL 33178

<u>ARTICLE III</u> SHARES The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100 50% HUGO A. ALBARRAN (PRESIDENT) 50% ROLLO SEBRISTIANI ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS The name and Florida street address of the initial registered agent are: JULIETA BENTRIZ NLBARRAN MIAMI, FL. 33178 5.5. 016-76-1898 INCORPORATOR ARTICLE V The name and address of the incorporator to these Articles of Incorporation are: Joan Crowley 324 Groundhog College Rol West Chester, Pd 19382 9/19/01 Date Signature/Incorporator

(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

7-17-01 Tiofe

Article VI Effective Date Immediately

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