## Department of State

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

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SUBJECT:	FRIENDSHIPS & FANTASIES (PROPOSED CORPORAT	· · · · · · · · · · · · · · · · · · ·	UDE SUFFIX)	
Enclosed is an original	al and one(1) copy of the article	s 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:	CHERYL L FOLINO Name (Pri	inted or typed)		
4186 S. PINE ISLAND RD				
Address			TALLAH,	OI AUG I
	DAVIE, FL. 33328  City, State & Zip  954-452-8273		TARY OF SI ASSEE, FLO	FILED

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

Daytime Telephone number

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

FRIENDSHIPS & FANTASIES, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

4186 S PINE ISLAND RD DAVIE, FL 33328

ARTICLE III **PURPOSE** 

The purpose for which the corporation is organized is:

THE SALE OF ADULT TOYS & LINGERIE

ARTICLE IV SHARES

The number of shares of stock is:

2

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional

The name(s) and address(es):

CHERYL L FOLINO (PRESIDENT) 4186 S PINE ISLAND RD DAVIE, FL 33328

SANDRA RENNIGER 8490 NW 24 Place SUNRISE, FL 33322

REGISTERED AGENT

The name and Florida street address of the registered agent is:

CHERYL L FOLINO 4186 S PINE ISLAND RD DAVIE, FL 33328

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

CHERYL L FOLINO 4186 S PINE ISLAND RD DAVIE, FL 33328

\* Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this

certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Signature/Registered Agent

8/14/01 Date 8/14/01