

**P03000009116**

Florida Department of State  
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To:

Division of Corporations  
Fax Number : (850)205-0381

From:

Account Name : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305)599-0839  
Fax Number : (305)716-0346

03 JAN 24 AM 8:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**FLORIDA PROFIT CORPORATION OR P.A.**

**FANTASY ISLAND GROUP TWO, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

**ARTICLES OF INCORPORATION**  
**OF**  
**FANTASY ISLAND GROUP TWO, INC.**

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 ISLAND GROUP TWO, INC.

**ARTICLE II: PRINCIPAL OFFICE**

The principal place of business and mailing address of this corporation shall be 2365 NE 214 Street, Miami, FL 33180.

**ARTICLE III: CAPITAL STOCK**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is five hundred (500) shares having a par value of one dollar (\$1.00) per share.

**ARTICLE IV: PURPOSE OF CORPORATION**

This Corporation may engage or transact in any or all lawful activities or business permitted under Laws of the United States, the State of Florida, or any other state, country, territory or nation.

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**ARTICLE V: INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and address of the initial registered agent is Marina Beker Coppens, 2365 NE 214 Street, Miami, FL 33180.

**ARTICLE VI: BOARD OF DIRECTORS AND OFFICERS**

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

(P/D)  
Marina Beker Coppens  
2365 NE 214 Street  
Miami, FL 33180

(VP/D)  
Rudy Lucien Coppens  
2365 NE 214 Street  
Miami, FL 33180

(S/T/D)  
Galina Beker  
231-174<sup>th</sup> Street, #1614  
Sunny Isles Beach, FL 33160

The undersigned officers have executed these Articles of Incorporation this 24th day of January, 2003.

  
Marina Beker Coppens

  
Galina Beker

  
Rudy Lucien Coppens

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 OR 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENTS IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the Corporation is **FANTASY ISLAND GROUP TWO, INC.**
2. The name and address of the registered agent and office is:

**Marina Beker Coppens  
2365 NE 214 Street  
Miami, FL 33180**

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.

*Marina Beker Coppens*  
Marina Beker Coppens

1/24/03  
January 24, 2003

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