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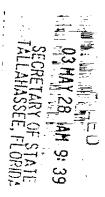
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Charled Instructions to Filling Officer
Special Instructions to Filing Officer:





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TRANSMITTAL LETTER

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

SUBJECT: FANTASY X-CORTS INC
(Proposed corporate name - must include suffix)
Enclosed is an original and one (1) copy of the articles of incorporation and a check for: \$70.00 \$78.75 \$122.50 \$131.25 Filing Fee & Certificate & Certified Copy & Certified Copy & Certificate Additional Copy Required
FROM: ARTHUR VANMOOR Name (printed or typed) 22 Sty Street #219
BOCA RATON PL 33432
City, State & Zip 954 270 0307 Daytime Telephone number

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

FILED

03 MAY 28 AM 9: 39

SECRETARY OF STATE

TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

FANTASY X-CORTS INC

ARTICLE II PRINCIPAL OFFICE

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

22 SE 4 STREET #219 BOCA RATON FL 33432

ARTICLE III SHARES

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

ONR

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and address of the initial registered agent is:

ARTHUR VANMOOR

22 St 4 STREET #219

BOCA RATION # 33432

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

ARTHUR VANMOOR

22 SE 4 STREET #219

BOCA RATON PL 33432

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

FILED 03 HAY 28 AM 9: 39 SECRETARY OF STATE TALLAHASSEE, FLORIDA

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

1. The name of the corporation is:	FANTASY X-CORTS IN	<u>C.</u>
2. The name and address of the reg	istered agent and office is:	
ARTH	UR VAVMOOR (NAME)	
	STREE #219 SOX OF Mail Drop Box NOT ACCEPTABLE)	
Boca	RATUN FL 33432 (CITY/STATE/ZIP)	

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) 5/20/03 (DATE)