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SECRETARY OF STATE
TALLAHASSES FLORIDA

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Fantasy Portraits, Inc.

534 Ridge Acres Dribe Winter Haben, FL 33880-6162 863-324-5285

June 21, 2004

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

Re: Fantasy Portraits, Inc.

Ladies and Gentlemen:

Enclosed please find the original and one copy of the Articles of Incorporation, together with my check in the amount of \$78.75.

This represents the costs of the Filing Fees, certified Copy of Articles of Incorporation and Fee for Registered Agent Designations for the above named corporation.

Respectfully Submitted,

Quen Blane

Ruen M. Beane

President

Fantasy Portraits, Inc.

ARTICLES OF INCORPORATION

of

	PORTRAITS, INC.	
The undersigned acting as the incorporators of	(name of corporation)	Comparation Act adout(a)
the following articles of incorporation for such corpo		Corporation Act, adopt(s)
ARTIC The name of the corporation is:	CLE I - CORPORATE NAME	SECRETAR TALLAHASS 04 JUN 29
•	PORTRAITS. INC.	m~L
	RTICLE II - DURATION	ED STATE OF STATE ELORIDA
This corporation shall exist perpetually unless d	lissolved according to Florida law.	·
A	RTICLE III - PURPOSE	
The corporation is organized for the purpose of United States and the State of Florida.	engaging in any activities or business pe	rmitted under the laws of the
ARTI	ICLE IV - CAPITAL STOCK	
The corporation is authorized to issue100_	shares of common stock, par value \$	
ARTICLE V The street address of the initial principal office	V - INITIAL PRINCIPAL OFFICE and, if different, the mailing address is:	
STREET ADDRESS		·•
543 RIDGE ACRES DRIVE		
CITY WINTER HAVEN	FLORIDA	ZIP 33880-6162
Mailing address, if different		
STREET ADDRESS		<u> </u>
CITY	FLORIDA	ZIP
ARTICLE VI - INITIA The street address of the initial registered o	AL REGISTERED OFFICE AND AGA	
NAME RUEN MARIE BEANE		<u> </u>
ADDRESS 543 RIDGE ACRES DRIVE	<u> </u>	· · · · · · · · · · · · · · · · · · ·
CITY WINTER HAVEN	FLORIDA	ZIP 33880-6162

ARTICLE VII - INITIAL BOARD OF DIRECTORS

This corporation shall haveTHREE		number of directors may be ne (1). The names and
NAME RUEN MARIE BEANE		
ADDRESS 543 RIDGE ACRES DRIVE		
CITY WINTER HAVEN	STATE FLORIDA	ZIP 33880-6162
NAME JAMES F. SIMPKISS, JR.		
ADDRESS 543 RIDGE ACRES DRIVE		
CITY WINTER HAVEN	STATE FLORIDA	ZIP 33880-6162
NAME LESLIE W. SIMPKISS		
ADDRESS 543 RIDGE ACRES DRIVE		
CITY WINTER HAVEN	STATE FLORIDA	ZIP 33880-6162
The names and addresses of the incorporators signing the	See Articles of Incorporation are as follows:	ows:
NAME SAME AS ABOVE	78 ·	
ADDRESS	· · · · · · · · · · · · · · · · · · ·	
CITY	STATE	ZIP
NAME		
ADDRESS		<u> </u>
CITY	STATE	ZIP
NAME		
ADDRESS		
CITY	STATE	ZIP
The undersigned incorporator(s) have executed these		IRST (IST)
day of JUNE	Ruer M. Be Jane & Sample Lulie W. Semple	(Signature) (Signature)

CERTIFICATE OF DESIGNATION REGISTERED AGENT/ REGISTERED OFFICE

FANTASY PORTRAITS, INC.		٠,
(name of corporation)		
Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:		
The above corporation, organized under the laws of the State of Florida with its registered	office	.
as indicated in the Articles of Incorporation		
at 543 RIDGE ACRES DRIVE		
WINTER HAVEN, FL 33880-6162		
has named RUEN MARIE BEANE		ع: نفسر
located at the aforesaid address, as its registered agent to accept service of process within t		SECRI
state,	JUN 29	727
		327
	F	775 775
	<u></u>	SET RET
	1	DE P
Having been named as registered agent and to accept service of process for the above state	d	
corporation at the place designated in this certificate, I hereby accept the appointment as re	gis-	
tered agent and agree to act in this capacity. I further agree to comply with the provisions of	of all	
statutes relating to the proper and complete performance of my duties, and I am familiar w	ith	

and accept the obligations of my position as registered agent.