

PO60000060096

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

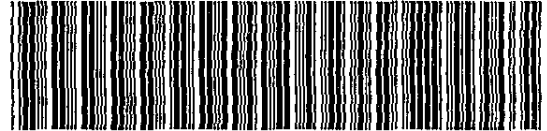
(Business Entity Name)

(Document Number)

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2006 APR 27 AM 7:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. Hampton APR 28 2006

## COVER LETTER

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

SUBJECT: FLORIDA FANTASY VACATION, CORP

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☒ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

FROM: JOSE COSSIO  
Name (Printed or typed)

13375 SW 41 STREET  
Address

MIAMI, FLORIDA 33175  
City, State & Zip

(786) 301-7214  
Daytime Telephone number

This is your provisional Employer Identification Number  
**20-4697369**

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 19, 2006

JOSE COSSIO  
13375 SW 41 ST  
MIAMI, FL 33175

SUBJECT: FLORIDA FANTASY VACATION, CORP  
Ref. Number: W06000018425

We have received your document for FLORIDA FANTASY VACATION, CORP and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

A corporation may not act as its own incorporator. Please designate an individual, another active domestic or foreign corporation, with a street address.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton  
Document Specialist  
New Filing Section

Letter Number: 006A00026565

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06 APR 27 AM 11:04  
TALLAHASSEE

**ARTICLES OF INCORPORATION**

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

**FILED**

**ARTICLE I NAME**

The name of the corporation shall be:

FLORIDA FANTASY VACATION, CORP

2006 APR 27 AM 7:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

13375 SW 41 STREET MIAMI, FLORIDA 33175

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

TRAVEL-TOUR-RENTAL-TRANSPORTATION-ETC

**ARTICLE IV SHARES**

The number of shares of stock is:

200

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

List name(s), address(es) and specific title(s):

JOSE COSSIO  
13375 SW 41 STREET  
MIAMI, FLORIDA 33175

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

JOSE COSSIO  
13375 SW 41 STREET  
MIAMI, FLORIDA 33175

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Jose Cossio  
13375 SW 41 STREET  
MIAMI, FLORIDA 33175

\*\*\*\*\*

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

04-14-2006  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

04-14-2006  
\_\_\_\_\_  
Date