

PD 6000099048

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

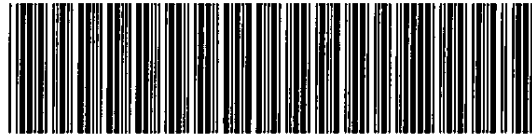
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Maria Del Pino **GAVE**
AUTHORIZATION BY PHONE TO
CORRECT *Article IV*
DATE *7/28/06*
DOC. EXAM *MRD*

Office Use Only



100077461821

07/18/06--01004--004 **78.75

FILED
06 JUL 27 AM 11:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRD 7/28

1106-31958

COVER LETTER

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

SUBJECT: FANTASY WATERGARDENS & PONDS 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: MARIA E. DEL PINO
Name (Printed or typed)

1458 NW 97 ST
Address

Miami FL 33147
City, State & Zip

(305) 694-1401
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 19, 2006

MARIA E. DEL PINO
1458 NW 97 ST
MIAMI, FL 33147

SUBJECT: FANTASY WATERGARDENS & PONDS
Ref. Number: W06000031958

We have received your document for FANTASY WATERGARDENS & PONDS and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

The document must state the number of shares of authorized stock.

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) 245-6879.

Ruby Dunlap
Regulatory Specialist
New Filing Section

Letter Number: 306A00046095

7. **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:

Fantasy watergardens & PONDS CORP.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1458 NW 97 ST Miami FL 33147

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Profit

ARTICLE IV SHARES

The number of shares of stock is:

4

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Maria Del Pino
Alejandro Julia

ARTICLE VI REGISTERED AGENT

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

Maria Del Pino
1458 NW 97 ST Miami FL 33147

ARTICLE VII INCORPORATOR

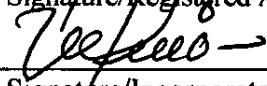
The name and address of the Incorporator is:

Mama E Del Pino
1458 NW 97 ST Miami FL 33147

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



Signature/Incorporator

07/11/2006

Date
07/11/2006

Date

FILED
06 JUL 27 AM 11:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA