

P11000051895

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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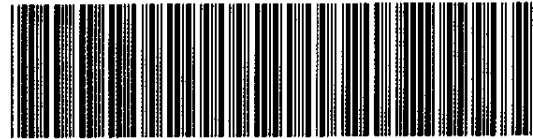
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2011 MAY 31 AM 11:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: FANTASY 666 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: **MARIO LUIS PRECONE**

Name (Printed or typed)

5445 COLLINS AVE SUITE 1117

Address

MIAMI BEACH FL 33140

City, State & Zip

305.905.6790

Daytime Telephone number

info@precone.com.ar

E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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

ARTICLE I NAME FANTASY 666 CORP

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
5445 COLLINS AVE SUITE 1117
MIAMI BEACH FL 33140

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The corporation is organized to engage in any and all business permitted under the laws of the State of Florida

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MARIO LUIS PRECONE (PRESIDENT 50%) Name and Title: _____
Address: 5445 COLLINS AVE SUITE 1117 Address: _____
MIAMI BEACH FL 33140

Name and Title: SILVIA C GENTELESCA (VICEPRESIDENT 50%) Name and Title: _____
Address: 5445 COLLINS AVE SUITE 1117 Address: _____
MIAMI BEACH FL 33140

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: MARIO LUIS PRECONE
Address: 5445 COLLINS AVE SUITE 1117
MIAMI BEACH FL 33140

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MARIO LUIS PRECONE
Address: 5445 COLLINS AVE SUITE 1117
MIAMI BEACH FL 33140

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

X

Required Signature/Registered Agent

05/23/2011
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

X

Required Signature/Incorporator

05/23/2011
Date

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2011 MAY 23 AM 11:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA