

P 12000000874

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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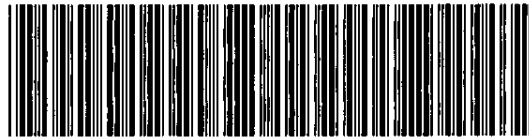
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1/4/12

## COVER LETTER

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

**SUBJECT: Fountain 4 Investments Inc.**

(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: **APRIL FONTANA**

Name (Printed or typed)

**4505 SE 48TH PLACE RD**

Address

**OCALA, FL 34480**

City, State & Zip

**352-817-3574**

Daytime Telephone number

**APRILFONTANA@HOTMAIL.COM**

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

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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**

The name of the corporation shall be: **Fountain 4 Investments, Inc.**

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**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is: **12 JAN - 3 PM 3: 10**

4505 SE 48TH PLACE RD  
OCALA, FL 34480

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
**INVESTMENT REAL ESTATE**

**ARTICLE IV SHARES**

The number of shares of stock is: **1**

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

Name and Title: **THOMAS FONTANA, PRESIDENT**  
Address: 4505 SE 48TH PLACE RD  
OCALA, FL 34480

Name and Title: **APRIL FONTANA, VICE PRESIDENT**  
Address: 4505 SE 48TH PLACE RD  
OCALA, FL 34480

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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


Name: **THOMAS FONTANA**  
Address: 4505 SE 48TH PLACE RD  
OCALA, FL 34480

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: **APRIL FONTANA**  
Address: 4505 SE 48TH PLACE RD  
OCALA, FL 34480

*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*

  
Required Signature/Registered Agent

1-1-12  
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.*

  
Required Signature/Incorporator

1-1-12  
Date