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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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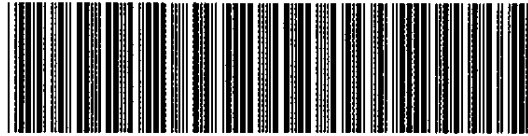
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRS
5/11/12

COVER LETTER

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

SUBJECT: **FUN KING NEWS, 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: **NELSON GARIBELLO**

Name (Printed or typed)

220 MENDOZA AV.

Address

CORAL GABLES, FL 33134

City, State & Zip

305-244-7597

Daytime Telephone number

GARIBELLONEL@YAHOO.COM

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

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

FUN KING NEWS, INC.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
220 MENDOZA AVE.
CORAL GABLES, FL 33134

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
SERVICES

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: NELSON GARIBELLO
Address: 220 MENDOZA AVE.
CORAL GABLES, FL 33134

Name and Title: _____
Address: _____

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: NELSON GARIBELLO
Address: 220 MENDOZA AVE
CORAL GABLES, FL 33134

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: NELSON GARIBELLO
Address: 220 MENDOZA AVE
CORAL GABLES, FL 33134

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

5/7/12
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

5/7/12
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA