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DIVISION OF CORPORATIONS
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14 JUL 28 AM 10:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: FANTASTIC VENTURES 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: EMMANUEL TAIWO GBADEBO
Name (Printed or typed)

4238 LITTLE OSPREY DR
Address

TALLAHASSEE, FLORIDA 32303
City, State & Zip

8509334470 OR 8503393999
Daytime Telephone number

gbadebotaiwo@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

The name of the corporation shall be: FANTASTIC VENTURES INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

4238 LITTLE OSPRET DR
TALLAHASSEE, FLORIDA
32303.

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: SALES OF GENERAL
GOODS, IMPORTING AND EXPORTING OF GENERAL
GOODS, SALES OF BEVERAGES AND ALCOHOL
TRANSPORTATION,

ARTICLE IV SHARES

The number of shares of stock is: 10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: E.T. GBADEBO DIRECTOR (I) Name and Title: _____

Address 4238, LITTLE OSPRET DR Address: _____

TALLAHASSEE, FL

32303.

Name and Title: SIKIRU OLATUNDE AMURE Name and Title: _____
DIRECTOR II.

Address 20, ALHADI ADEKA Address: _____

TANNI ST, OTA-ONA

IKORODU, LAGOS, NIGERIA

Name and Title: ALFRED K. FASAKIN Name and Title: _____
DIRECTOR III.

Address 7, EGBEWA ST. Address: _____

ADO - EKITI, EKITI

STATE NIGERIA.

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TALLAHASSEE, FLORIDA

(conti.)

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: GBASEBO EMMANUEL TAIWO
Address: 4238, LITTLE OSPREY DR
TALLAHASSEE FL, 32303

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: GBASEBO EMMANUEL TAIWO
Address: 4238, LITTLE OSPREY DR
TALLAHASSEE FL, 32303

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

Emmanuel Taiwo

Required Signature/Registered Agent

7/25/14
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.

Emmanuel Taiwo

Required Signature/Incorporator

7/28/2014
Date

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TALLAHASSEE FLORIDA

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