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Florida Department of State
Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION
FANTASTIC TRIP CORP

Certificate of Status	0
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ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAMEThe name of the corporation shall be: FANTASTIC TRIP CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

9110 FONTAINEBLEAU BLVD APT: 301MIAMI, FL 33172**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS.**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: MAURICIO PEREZ (P)

Name and Title: _____

Address 9110 FONTAINEBLEAU BLVD

Address: _____

APT: 301MIAMI, FL 33172

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: MAURICIO PEREZ

Address: 9110 FONTAINEBLEAU BLVD APT: 301

MIAMI, FL 33172

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: MAURICIO PEREZ

Address: 9110 FONTAINEBLEAU BLVD APT: 301

MIAMI, FL 33172

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL.)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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:

/s/ Mauricio Perez _____ Date _____

Required Signature/Registered Agent

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.

/s/ Mauricio Perez _____ Date _____

Required Signature/Incorporator

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