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Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 : (305)552-5973 Phone : (305)675-5944 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

| Email A | ddress: | |
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FLORIDA PROFIT/NON PROFIT CORPORATION PHANTA TINTS CORPORATION

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 1 |
| Page Count | 03 |
| Estimated Charge | \$78.75 |

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

| Phanta Lints Corporation is: |
|---|
| ARTICLE IL PRINCIPAL OFFICE: |
| The principal street address and mailing address is: Shillys Vega 3039 NW 6 SH Mani FL 33125 |
| ARTICLE III SHARES: The number of shares of stock is: |
| ARTICLE IV INITIAL DIRECTORS AND/OR OFFICE::S: |
| Shirtys Vega (t) |
| |
| 3039 my 6 st MIGHI FL |
| 33125 |
| |
| |
| ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS: The name and Florida street address (PO Box not acceptable) of the registered agent is: |
| Shirly Vega |
| 3039 mw le st May |
| 33125 |
| ARTICLE VI INCORPORATOR: The name and address of the Facorporator is: Shillys Vegg Z039 NW 6 J+ WIGH TL |
| 331() |

Date

Required Signatures:

| Having been named as registered | |
|--|-------|
| Having been named as registered agent to accept service of process for the above st corporation at the place designated in this certificate, I am familiar with and accept appointment as registered agent and agree to act in this certain. | h |
| appointment as registered agent and agree to act in this capacity | tated |
| agent and agree to act in this capacity | |
| - Shilles V | |

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.

| ShilleysV | |
|--------------|------|
| hicorporator | Date |