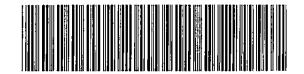
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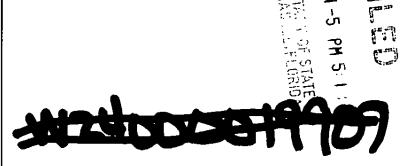
(Requestor's Name)				
(Address)				
(Address)				
(City.	/State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				

Office Use Only



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FLORIDA DEPARTMENT OF STATE Division of Corporations

February 6, 2024

JOAN BALFANZ 17388 GULFSPRAY CIR PORT CHARLOTTE, FL 33948 US

SUBJECT: FANTZY GEM TRef. Number: W24000019907

Gem

Letter Number: 724A00002561

TINC.

We have received your document for FANTZY GEM and check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tabitha J Howell Regulatory Specialist II

www.sunbiz.org

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

ARTICLE I NAME	- 1		-Change
The name of the corporation shall be:	antsy ,	DEMP	DE +
ARTICLE II PRINCIPAL OFFICE			-ciwil IN
17388 Gulfsoney	ia	Mail:	ing address, if different is:
			
Took (MARIOTTE, FC	32948		
ARTICLE III PURPOSE	\wedge		
The purpose for which the corporation is organi	ized is: Hoy	And W	1 Courtie
DUSTINESS		·	
Name and Title: OAN BOY	FAND Pres		
Address 1388 Cul	toppy 230	Address:	
toot Char	lotte +C		
<u></u> ,,,	33948		
Name and Title:	1	Name and Title:	
Address		Address:	
Name and Title:		T. Lordin	
Name and Title:	<i>,</i>	Name and Title:	
Address	<i>F</i>	Address:	
			
	···		

Name and Title:	Name and Title:
Address	Address:
	
delinentario de la compansión de la comp	
ARTICLE VI REGISTERED AGEN	
The name and Florida street address (F	P.O. Box NOT acceptable) of the registered agent is:
Name: JOAN T	3017anz
Address: 17388 C	Suffer py Cie
7607 (Na	in lotte FC
	33948
ARTICLE VII INCORPORATOR	
The name and address of the Incorporat	tor is:
Name: JOAN	BAIPARZ
Address: 17388	G. Broom C.
Address: 1000	Cultony CIO
TOUT (AND WITE . TC
ARTICLE VIII EFFECTIVE DATE:	: ;
Effective date, if other than the date of f	filing: 12 (30) 33 (OPTIONAL)
filing.)	must be specific and cannot be more than five days prior or 90 days after the
Note: If the date inserted in this block d	does not meet the applicable statutory filing requirements, this date will not be liste
the document's effective date on the Dep	partment of State's records.
Having been named as registered agent t	to good remise of an are for the bound
certificate, I am familiar with and accept	to accept service of process for the above stated corporation at the place designated it t the appointment as registered agent and agree to act in this capacity
Lach Buch	1/20/00
Required Sign	nature/Registered Agent Date
I submit this document and affirm that	the facts stated herein are true. I am aware that the false information submitted
document to the Department of State con	nstitutes a third degree felony as provided for in s.817.155, F.S.

COVER LETTER

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

SUBJECT:	Fantzy (DEM.		
	(PROPOSED CORPORA	TE NAME - MUST INCL	UDE SUFFIX)	
Enclosed are an orig	ginal and one (1) copy of the arti	cles of incorporation and	l 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:	JOAN BAI	FANZ- (Printed or typed)		
	17388 Bu	Honay Ci	R.	
	Poet Charlo	State & Zip	33948	
	224 226 Daytime T	23(3 elephone number		
	FAMZYGEM E-mail address (to be used	1 for future annual report n	- COM otification)	

NOTE: Please provide the original and one copy of the articles.