

P90000090144
TRANSMITTAL LETTER

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

500001991125--9
-10/30/96--01113--014
*****78.75 *****78.75

SUBJECT: FANTASY DREAMS, Inc.
(Proposed corporate name - must include suffix)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Susan R. Norris
Name (Printed or typed)

2345 Clipper Way
Address

Naples, FL 34104
City, State & Zip

(941) 434-0628
Daytime Telephone number

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 OCT 30 AM 11:25

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

gjk/96

ARTICLES OF INCORPORATION

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 OCT 30 AM 11:29

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be: FANTASY DREAMS, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

2345 Clipper Way
Naples, FL 34104

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 1000 shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Susan R. Norris
2345 Clipper Way
Naples, FL
34104

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Susan R. Norris
2345 Clipper Way
Naples, FL 34104

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

14th day of October, 19 96.

(An additional article must be added if an effective date is requested.)

Susan R. Norris
Signature

Signature

Signature

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE
UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF
FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED
OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: FANTASY DREAMS, Inc.

2. The name and address of the registered agent and office is:

Susan R. Norris

(NAME)

2345 Clipper Way

(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Naples, FL 34104

(CITY/STATE/ZIP)

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Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Susan R. Norris
(SIGNATURE)

10/14/96
(DATE)

DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 32314