

P030000060268

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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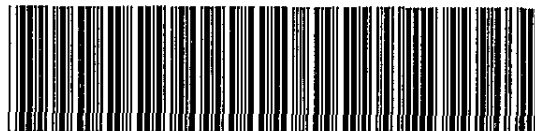
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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05/28/03--01026--026 \*\*78.75

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03 MAY 27 AM 10:35  
SECRETARY OF STATE  
HALL ANDERSON

gr 6/15

## TRANSMITTAL LETTER

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

**SUBJECT:** FUN FOR ALL, 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:** MICHAEL J SUTOR  
Name (Printed or typed)

4750 W ANITA BLVD

Address

TAMPA, FL 33611

City, State & Zip

(813) 831 - 7130

Daytime Telephone number

*(813) 300 - 2376*

**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:

FUN FOR ALL , INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

4750 W ANITA BLVD  
TAMPA , FL 33611

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

AMUSEMENT / ENTERTAINMENT

**ARTICLE IV SHARES**

The number of shares of stock is:

200 SHARES NO PAR VALUE

**ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)**

The name(s), address(es) and title(s):

MICHAEL J SUTOR , PRESIDENT  
4750 W ANITA BLVD  
TAMPA , FL 33611

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address of the registered agent is:

MICHAEL J SUTOR  
4750 W ANITA BLVD  
TAMPA , FL 33611

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

MICHAEL J SUTOR  
4750 W ANITA BLVD  
TAMPA , FL 33611

\*\*\*\*\*  
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

  
\_\_\_\_\_  
Signature/Registered Agent

5/20/2003

\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

5/20/2003

\_\_\_\_\_  
Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA