

P16000100040

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

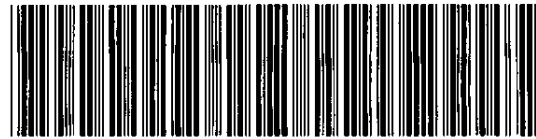
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800293443408

RECEIVED
2016 DEC 21 PM 3:05
FBI - NEW YORK

12/21/16 01005 -012 *71.60

RECEIVED
16 DEC 21 PM 12:14
FBI - NEW YORK

C. GOLDEN

DEC 21 2016

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666, Fax (850) 222-1666

WALK IN

PICK UP:

12-20-16

☐

CERTIFIED COPY

☒

PHOTOCOPY

☐

CUS

☒

FILING

Inc

1.

H&B Amusement Inc.

(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

2017 DEC 21 PM 3:05
RECEIVED
FBI
TALLAHASSEE

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: H&B Amusement Inc.

RECORDED 21 PM 3:06

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

164 South US Hwy Suite 21

East Palatka, MD 32131

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to own and operate an adult arcade

ARTICLE IV SHARES

The number of shares of stock is: 1500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Bhikhabhai Patel, Director

Name and Title: Bhikhabhai Patel, Treasurer

Address: 3811 Old Silver Hill Road
Suitland, MD 20746

Address: 3811 Old Silver Hill Road
Suitland, MD 20746

Name and Title: Bhikhabhai Patel, President

Name and Title: _____

Address: 3811 Old Silver Hill Road
Suitland, MD 20746

Address: _____

Name and Title: Bhikhabhai Patel, Secretary

Name and Title: _____

Address: 3811 Old Silver Hill Road
Suitland, MD 20746

Address: _____

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

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: REGISTERED AGENTS INC.
Address: 3030 N. Rocky Point Dr., STE 150A
Tampa, FL 33607

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Amanda J. Beren
Address: 340 N. Westlake Blvd., Ste. 210
Westlake Village, CA 91362

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 business days prior or 90 business 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

Bill Havre Bill Havre/Assistant Secretary/Registered Agents Inc. 12/20/2016
Required Signature/Registered Agent Date

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.

A. Beren 12/20/2016
Required Signature/Incorporator Date