

PI9000076897

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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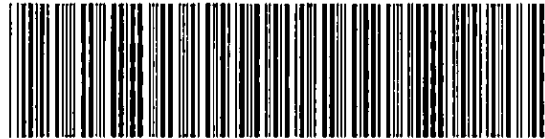
(Business Entity Name)

(Document Number)

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

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OCT 15 2019

2019 OCT 15 PM 12:39

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## COVER LETTER

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

**SUBJECT:** FUN HAVEN, 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:** BEACHES TAX SERVICES OF N.E. FLORIDA, INC.

\_\_\_\_\_  
Name (Printed or typed)

6376 MOCKINGBIRD ROAD

\_\_\_\_\_  
Address

JACKSONVILLE, FL 32219

\_\_\_\_\_  
City, State & Zip

904-503-0931

\_\_\_\_\_  
Daytime Telephone number

beachestaxservices@comcast.net

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

**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 HAVEN, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal **street** address

Mailing address, if different is:

1891 CAPITAL CIRCLE N.E., SUITE 7

TALLAHASSEE, FL 32311

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: INTERNET CAFE PROVIDING CUSTOMERS MACHINES FOR AMUSEMENT PURPOSES, SERVING CUSTOMERS SNACKS AND NON ACOHOLIC DRINKS AND COMPUTER INTERNET TIME.

**ARTICLE IV SHARES**

The number of shares of stock is: 500

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TALLAHASSEE, FL

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: NATAVARLAL K. PATEL-PRESIDENT

Name and Title: \_\_\_\_\_

Address 124 UMIYA NAGAR CIRCLE

Address: \_\_\_\_\_

MACON, GA 31206

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

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: MICHEALYN C. ADAMS

Address: 6376 MOCKINGBIRD ROAD

JACKSONVILLE, FL 32219

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CLERK OF COURT  
JACKSONVILLE, FL

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: BEACHES TAX SERVICES OF N.E. FLORIDA, Inc.

Address: 6376 MOCKINGBIRD ROAD

JACKSONVILLE, FL 32219


**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 days prior or 90 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*

  
Required Signature/Registered Agent

10/10/2019  
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.*

  
Required Signature/Incorporator

10/10/2019  
Date