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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

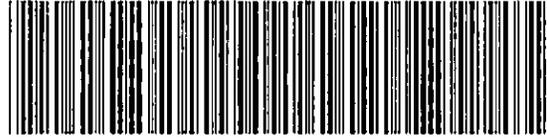
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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OCT 15 2019

OCT 15 PM 12:39

2019 OCT 15 PM 12:46
SECRETARY OF STATE
MASSACHUSETTS

FILED

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 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: 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.

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TALLAHASSEE, FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 500

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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 ST. JACOB COUNTY
 FLORIDA

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

 _____ 10/10/2019
 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.

 _____ 10/10/2019
 Required Signature/Incorporator Date