

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : PATEL & PATEL ACCOUNTING
Account Number : I20200000090
Phone : (352)301-7989
Fax Number : (877)805-2872

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
JAYMADISHIVA INC

Certificate of Status	1
Certified Copy	1
Page Count	01
Estimated Charge	\$87.50

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2025 MAY 20 AM 11:07

NOT RECORDED

2025 MAY 20 PM 1:03

MS

COVER LETTER

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

SUBJECT: **JAYMADISHIVA 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 Filing Fee & Certified Copy	☒ \$87.50 Filing Fee, Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED
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FROM: **DHRUV PATEL**

Name (Printed or typed)

4223 SW 33RD ST

Address

OCALA, FL 34474

City, State & Zip

3523017989

Daytime Telephone number

PATELNPATEL@OUTLOOK.COM

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 NAMEThe name of the corporation shall be: JAYMADISHIVA INCARTICLE II PRINCIPAL OFFICEPrincipal street address1728 Hamlin Ridge rdMINNEOLA, FL 34715

Mailing address, if different is:

SAME AS PRINCIPLEARTICLE III PURPOSEThe purpose for which the corporation is organized is: RETAILARTICLE IV SHARESThe number of shares of stock is: 100ARTICLE V INITIAL OFFICERS AND/OR DIRECTORSName and Title: Mitalben A Patel (president)Address 1728 Hamlin Ridge Rd
Minneola fl 34715Name and Title: Pankit Patel (Vice President)Address: 2607 ridgetop ln
Clermont, FL 34711

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

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

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: PATEL & PATEL ACCOUNTING INC
Address: 4223 SW 33RD ST
OCALA, FL

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: MITALBEN PATEL
Address: 1728 Hamlin Ridge Road
MINNEOLA, FL 34715

ARTICLE VIII EFFECTIVE DATE:Effective date, if other than the date of filing: 07/31/2025 (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:

DHRUV PATEL

Required Signature/Registered Agent

07/31/2025

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.

Mital Patel
Required Signature/Incorporator07/31/2025
Date