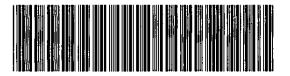
F10000003599

	(Requestor's Name)
	(Address)
	• .
	(Address)
	(City/State/Zip/Phone #)
PICK-UF	WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	s to Filing Officer:





600183953626

08/09/10--01022--012 **70.00

200 AUG -9 P 3: 30
SECRETARY OF STATE

AUG 11 2010 D. A. WHITE

1

COVER LETTER

TO:	New Filing Se Division of Co						
SUBJ	ест: <u></u>	0440's	BilliARD	Servi	æ i	Inc.	
5020		· (Name of corpor	ration - mu	st includ	le suffix)	**************************************
Dear S	ir or Madam:						
"Certif		ee," and chec					Business in Florida," ed foreign corporation to
Please	return all corres	pondence co	ncerning this ma	atter to the	followin	g:	
		EAR	L BAR	nes		_	
			L BAR (Nam	e of Person	n)	, · · · · · · · · · · · · · · · · · ·	
	6	2410's B	(Name of Control of Co	ervice	THO	•.	
	-		(Firm	/Company)		
	171	5 GRAT	1502 cip	lcle			
	·	<u> </u>	(<i>A</i>	Address)			
	اں ۲	MM,WC	, GA 3	004	2		
		· · · · · · · · · · · · · · · · · · · 	(City/St	ate and Zip	code)		
							•
For fur	ther information	concerning	this matter, plea	se call:			
E/An	(Name of Pers	sz	at (つ つ	00)_	5/4.	- 46	10
	(Name of Pers	on)	(Aı	rea Code &	Daytim	e Telepho	ne Number)
	STREET/COI New Filing Sec Division of Co Clifton Buildin 2661 Executive Tallahassee, FI	etion rporations g e Center Circ			New Divis P.O.	LING AD Filing Section of Cor Box 6327 hassee, FL	tion porations
Enclose	ed is a check for	the followin	g amount:				
59 \$70	.00 Filing Fee		Filing Fee & cate of Status	□ \$78.7 Certi	75 Filing fied Cop		□\$87.50 Filing Fee, Certificate of Status & Certified Copy

BUSINESS IN FLORIDA FILED IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDADED AUG9 P3 [Enter name of corporation, must include "INCORPORATED," "COMPANY," "CORPORATION," "SELECTION of STATUTES, FLORIDADED AUG9 P3 [Inc.," "Co.," "Corp." "Inc.," "Co.," or "Corp.") [Inc.," "Co.," "Inc.," "Co.," or "Corp."] [Inc.," "Co.," "Corp." "Inc.," "Co.," or "Corp." [Inc.," "Co.," "Co.," or "Co.," or "Corp." [Inc.," "Co.," or "Co.," or "Corp." [Inc.," "Co.," or "Co.," or "Co.," o	APPLICAT	ION BY FOREIG		ON FOR AUTHORIZATIO	N TO TRANSACT
REGISTER A PORISIN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDATED TO TRANSACT BUSINESS IN THE STATE OF FLORIDATED AND AND ALL ANASSEE. FLORIDATED TO TRANSACT BUSINESS IN THE STATE OF FLORIDATED AND AND ALL ANASSEE. FLORIDATED TO TRANSACT BUSINESS IN THE STATE OF FLORIDATED AND AND ALL ANASSEE. FLORIDATED TO TRANSACT BUSINESS IN THE STATE OF FLORIDATED AND AND ALL ANASSEE. FLORIDATED TO TRANSACT BUSINESS IN THE STATE OF FLORIDATED AND AND ALL ANASSEE. FLORIDATED TO TRANSACT BUSINESS IN THE STATE OF FLORIDATED TO TRANSACT BUSINESS IN FLORIDATED. "COMPANY," "CORPORATION." FALLAMASSEE. FLORIDATED TO TRANSACT BUSINESS IN FLORI			BUSINESS II	N FLORIDA	FILES
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDARY AND 9 P 3 LOULD'S BINNEY OF SERVICE TRE. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION." "ALLAHASSEE, FLORIDA BIN, NAO Seavice (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) (Este or country under the law of which it is incorporated) (Date of incorporation) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (Principal office address) (Principal office address) (Current mailing address) (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) 9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: BALNES Office Address: 1771 SABLE KLY CIRCLE (City) 10. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties and I am familiar with and accept the obligations of my position as registered agent. (Registered agent's signature)	IN COMPLIANCE W	VITH SECTION 607.	1503. FLORIDA STA	ATUTES. THE FOLLOWING IS	SUBMITTED TO
(Enter name of corporation; must include "INCORPORATED." "COMPANY," "CORPORATION," "ALLAHASSEE, FLST "Inc.," "Co.," "Corp.," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.") FLOCIDA BIN. NAO Seavice (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) 2. Gesko. A (State or country under the law of which it is incorporated) 4. Independent of the provision of the purpose of transacting business in Florida) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (Principal office address) (Principal office address) (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) 9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: DALNES Office Address: 1797 SAGLE KLY CIRCLE (City) (City) (City) (City) (Registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties and I am familiar with and accept the obligations of my position as registered agent.	REGISTER A FORE	IGN CORPORATIO	N TO TRANSACT BU	USINESS IN THE STATE OF FI	LORIDA 2019
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) 2. Geslo A (State or country under the law of which it is incorporated) 4. 10/21/1996 (Date of incorporation) (Date of incorporation) (Date of incorporation) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7. 1715 GAYSON CALLE CAMMING GA 30040 (Principal office address) (Current mailing address) 8. 1904 ON 1304 THES (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) 9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: FAM SARNES Office Address: 1/9/ SABLE KLY CALLE 1006 Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties and I am familiar with and accept the obligations of my position as registered agent. (Registered agent's signature)	1. GOULD	's BillARD	service	Inc.	SEDOM-
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) 2.	(Enter name of corp "lnc.," "Co.," "Corp	oration; must include ' o," "Inc," "Co," or "Cor	INCORPORATED," p.")	"COMPANY," "CORPORATION	N;" TALLAHASSEE, FLOR
2. CSCACA (State or country under the law of which it is incorporated) 4. 10/39/796 (Date of incorporation) 6. CORREST transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7. (Principal office address) (Principal office address) (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) 9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: EARL SARNES (City) (City) (City) (Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties and I am familiar with and accept the obligations of my position as registered agent. (Registered agent's signature)					
4. 10/39/1996 5.			-	• •	-
4. 10/39/1996 5.	2. <u>Ge</u> =	RwiA			
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7. //// GRAYSON CARLLE CUMMING GRA 30000 (Principal office address), //// GRAYSON CARLLE CUMMING GRA 30000 (Current mailing address) 8. //// GRAYSON CARLLE CUMMING GRA 30000 (Current mailing address) 9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: EARL BARNES Office Address: //// SABLE NEY CARLLE (City) Florida 32128 (City) Florida 32128 (City) Florida agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties and I am familiar with and accept the obligations of my position as registered agent. (Registered agent's signature)					
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7. //// GRAYSON CARLLE CUMMING GRA 30000 (Principal office address), //// GRAYSON CARLLE CUMMING GRA 30000 (Current mailing address) 8. //// GRAYSON CARLLE CUMMING GRA 30000 (Current mailing address) 9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: EARL BARNES Office Address: //// SABLE NEY CARLLE (City) Florida 32128 (City) Florida 32128 (City) Florida agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties and I am familiar with and accept the obligations of my position as registered agent. (Registered agent's signature)	4	129/1996	5	Per perus	<u> </u>
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7. ITS GRAYSON CARLE COMMING, GA 30000 (Principal office address) (Current mailing address) 8. VORK ON 1300 MAGES (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) 9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: SABNES Office Address: 1/9/ SABLE KLY CARLE (City) Florida 32128 (City) (Zip code) 10. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. (Registered agent's signature)	(Date of			(Duration: Year corp. will cease to	exist or "perpetual")
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7. /// GRAYSON CIRCLE COMMING GR 30040 (Principal office address) (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) 9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: BALNES Office Address: // 9/ SABLE KLY CIRCLE Old Oldword Florida 32128 (City) Florida 32128 (City) Toda Todal (City) Todal Todal (City) Todal Todal (City) Todal	6		·····		
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) 9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: EARL BARNES Office Address: //9/ SABLE ICLY CIRCLE DOLS OFFICE City Circle (City) Florida 32 12 8	•	(SEE SECTIONS	S 607.1501 & 607.150	2. F.S., to determine penalty liabili	ty)
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) 9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: EARL BARNES Office Address: //9/ SABLE ICLY CIRCLE DOLS OFFICE City Circle (City) Florida 32 12 8	7	1715 GRAYS.	on circue	CUMMING, GA	30040
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) 9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: EARL BARNES Office Address: //9/ SABLE ICLY CIRCLE DOLS OFFICE City Circle (City) Florida 32 12 8	,		Principal office addre	ss),	1
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) 9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: EARL BARNES Office Address: //9/ SABLE ICLY CIRCLE DOLS OFFICE City Circle (City) Florida 32 12 8	/	115 G/AY	son circl	e cummino, CD	30000
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) 9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: BARNES Office Address: // 9/ SABLE ICLY CICLE Old Office City Florida 32128 (City) (City) (Zip code) 10. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties and I am familiar with and accept the obligations of my position as registered agent. (Registered agent's signature)		(Current mailing addre	ss)	
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) 9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: BARNES Office Address: // 9/ SABLE ICLY CICLE Old Office City Florida 32128 (City) (City) (Zip code) 10. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties and I am familiar with and accept the obligations of my position as registered agent. (Registered agent's signature)	ری سا	21/ 00 0/	io male	, , , , , , , , , , , , , , , , , , ,	
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: BARNES Office Address: 1/91 SABLE ICLY CILLY (City) Florida 32128 (City) (City) (Cip code) 10. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. (Registered agent's signature)	(Purpose(s) o	f corporation authorize	d in home state or cou	ntry to be carried out in state of Flo	orida)
Office Address: 191 SABLE ICLY CILLE				•	
Office Address: 191 SABLE ICLY CIRCLE	9. Name and street a	A		Box NOT acceptable)	
10. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties and I am familiar with and accept the obligations of my position as registered agent. (Registered agent's signature)	Name:	٠			
10. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties and I am familiar with and accept the obligations of my position as registered agent. (Registered agent's signature)	Office Address:	1191 SAC	ble Kley	cincle	
10. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties and I am familiar with and accept the obligations of my position as registered agent. (Registered agent's signature)	· -	PORT ORA	MGC		
10. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties and I am familiar with and accept the obligations of my position as registered agent. (Registered agent's signature)		(Ci	ty)	(Zip code)	
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. (Registered agent's signature)	10. Registered agen		•	en e	
further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. (Registered agent's signature)	Having been named	as registered agent a	and to accept service	of process for the above stated	corporation at the place
(Registered agent's signature)	further agree to com	ply with the provision	ns of all statutes rel	ative to the proper and complet	e to act in this capacity. I e performance of my duties,
	and I am familiar wi	th and accept the ob	ligations of my posi	tion as registered agent.	
		_	_		
	. •		2		
11. Attached is a certificate of existence duly authenticated not more than 90 days prior to delivery of this application to		(Registere	d agent's signature)		 .
	11. Attached is a cert	tificate of existence d	uly authenticated in	ot more than 90 days prior to de	livery of this application to

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

30

A. DIRECTORS	FILED
Chairman: EARL BARNES	A A series (Tibe)
Address: 1715 GRAYGON cincle	2010 AUG -9 P 3: 30
CUMMING, 6A 30040	SECRETARY OF STATE
Vice Chairman: BAR BART	TALLAHASSEE, FLORIDA
Address:	·
Director: EARL BALNES	
Address:	
Address.	
Director: EAM BARNET	
Address:	
	
B. OFFICERS	_
President: EARL BARNES	, 85
Address:	josh
	3056
Vice President: EARL BARRET	
Address:	
Secretary: EARL BARNES	
/	
Address:	
Treasurer: UHIU ISMUNI	
Address:	
NOTE: If necessary, you may attach an addendum to the application listing a	dditional officers and/or directors.
13.	
(Signature of Director or Officer listed in number 12 of	the application)
14. EARL BALVES	
(Typed or printed name and capacity of person signing	g application)

Secretary of State

Corporations Division 315 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

GOULD'S BILLIARD SERVICE, INC. EARL BARNES 1715 GRAYSON CIRCLE CUMMING, GA. 30040 DOCKET NUMBER : 100719600 ...

CONTROL NUMBER : K633725

DATE INC/AUTH/FILED: 10/29/1996

JURISDICTION : GEORGIA

 PRINT DATE
 : <07/19/2010</th>

 FORM NUMBER
 : <211</th>
 : <212</th>

CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

GOULD'S BILLIARD SERVICE, INC. A DOMESTIC PROFIT CORPORATION

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document, with the office of the Secretary of State.

This certificate relates only to the legal existence of the abovenamed entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

្រាល់ មួមប្រើដ្រែស្រាស់ ស្ពេស្ត្រាស់ សំដែល។



Birchen Marie Co

の できるないない のかとないまでは (Brian P. Kemp^{の表すす} マンター みんの こないない **** Secretary of State ***