

F10000003599

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

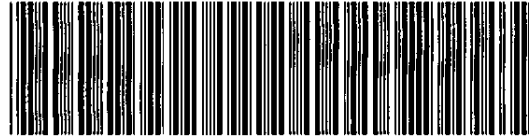
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2009 AUG -9 P 3:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

AUG 11 2010
D. A. WHITE

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Goulo's Billiard Service Inc.
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

EARL BARNES
(Name of Person)
Goulo's Billiard Service Inc.
(Firm/Company)
1715 GRAYSON CIRCLE
(Address)
CUMMING, GA 30042
(City/State and Zip code)

For further information concerning this matter, please call:

EARL BARNES at (770) 516-4640
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:
New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT 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 FLORIDA

2000 AUG -9 P 3:30

1. GOULD'S BILLIARD SERVICE INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

FLORIDA BILLIARD SERVICE

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. GEORGIA

3.

(State or country under the law of which it is incorporated)

(FEI number, if applicable)

4. 10/29/1996

5.

PERPETUAL

(Date of incorporation)

(Duration: Year corp. will cease to exist or "perpetual")

6. NONE

(Date first transacted business in Florida, if prior to registration)

(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 1715 GRAYSON CIRCLE CUMMING, GA 30040

(Principal office address)

1715 GRAYSON CIRCLE CUMMING, GA 30040

(Current mailing address)

8. WORK ON POOL TABLES

(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: 1191 SABLE KEY CIRCLE

DORS ORANGE

, 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)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery 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:

A. DIRECTORS

FILED

Chairman: EARL BARNES

Address: 1715 GRAYSON CIRCLE
CUMMING, GA 30040

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Vice Chairman: EARL BARNES

Address: _____

Director: EARL BARNES

Address: _____

Director: EARL BARNES

Address: _____

B. OFFICERS

President: EARL BARNES

Address: _____

Vice President: EARL BARNES

Address: _____

Secretary: EARL BARNES

Address: _____

Treasurer: EARL BARNES

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. _____

(Signature of Director or Officer listed in number 12 of the application)

14. EARL BARNES

(Typed or printed name and capacity of person signing application)

SAME AS ABOVE

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
FORM NUMBER : 211

CERTIFICATE OF EXISTENCE

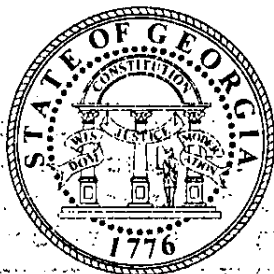
I, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

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 above-named 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.



B. P. Kemp

Brian P. Kemp
Secretary of State

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA