

3/14

Division of Corporations

Florida Department of State

Division of Corporations

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To:

Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : NORTHWEST REGISTERED AGENT LLC

Account Number : I20090000081

Phone : (509) 768-2249

Fax Number : (855) 330-1010

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

Email Address: PROCESSING@LLCAGENT.COM

**FOREIGN PROFIT/NONPROFIT CORPORATION  
BETTER OFF BOWLING, INC.**

Certificate of Status	0
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Page Count	04
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RECEIVED

14 MAR 18 PM 1:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

14 MAR 18 AM 9:40

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

*[Handwritten signature]*  
3-18-14

# Fax Transmission

**To:** FL DEPT OF STATE

**From:** admin

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**Comments:**

THANK YOU

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

*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.*

1. **Better Off Bowling, Inc.**

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

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

2. NY 3. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 01/19/2012 5. PERPETUAL  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. **3030 N. Rocky Point Dr. STE 150A Tampa Florida 33607**

(Principal office address)

**3030 N. Rocky Point Dr. STE 150A Tampa Florida 33607**

(Current mailing address)

8. **RECREATIONAL BOWLING LEAGUES**

(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: Northwest Registered Agent LLC

Office Address: 3030 N. Rocky Point Dr, STE 150A

Tampa, Florida 33607  
(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.*



Dan Keen - Manager

(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.

SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
14 MAR 18 AM 9:40

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

**A. DIRECTORS**

Chairman: \_\_\_\_\_

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

Vice Chairman: \_\_\_\_\_

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

Director: Christopher Mitchell

Address: 3030 N. Rocky Point Dr. STE 150A Tampa Florida 33607

Director: \_\_\_\_\_

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

**B. OFFICERS**

President: Christopher Mitchell

Address: 3030 N. Rocky Point Dr. STE 150A Tampa Florida 33607

Vice President: \_\_\_\_\_

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

Secretary: Christopher Mitchell

Address: 3030 N. Rocky Point Dr. STE 150A Tampa Florida 33607

Treasurer: Christopher Mitchell

Address: 3030 N. Rocky Point Dr. STE 150A Tampa Florida 33607

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

13. Chris Mitchell

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that 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.

14. Christopher Mitchell---PRESIDENT

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

**State of New York  
Department of State } ss:**

I hereby certify, that the Certificate of Incorporation of BETTER OFF BOWLING, INC. was filed on 01/19/2012, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.



\*\*\*

*Witness my hand and the official seal  
of the Department of State at the City  
of Albany, this 14th day of March  
two thousand and fourteen.*

Anthony Giardina  
Executive Deputy Secretary of State

201403170612 \* MG