

N11000010565

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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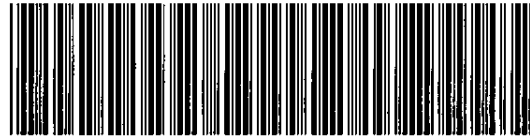
(Business Entity Name):

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers NOV 10 2011

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COVER LETTER

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

SUBJECT: FIVE TOWN BILLIARDS CLUB Corp.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is 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

ADDITIONAL COPY REQUIRED

FROM: Rocco Cellamare
Name (Printed or typed)

8140 Terrace garden drive n.
Address

St. Petersburg FL 33709
City, State & Zip

(727) 546 46 41
Daytime Telephone number

nyg16400@tampabay.rr.com
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: Five Town Billiard Club Corp.

ARTICLE II PRINCIPAL OFFICE

Principal street address
7950 58th Ave No
St. Petersburg FL
33709

Billiard Club
Mailing address, if different is:
c/o Five Town LLC
8141 54th Ave. No.
St. Petersburg FL
33709

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

55+ Community club (60 members) recreation

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed:

MEMBERS ELECT BOARD

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Rocco Cellamare Pres
Address: 8140 Terrace garden dr. n.
St Petersburg FL
33709

Name and Title: _____
Address: _____

Name and Title: Charlie Crank Vice Pres
Address: 7975 58th Ave. No.
St. Petersburg FL
33709

Name and Title: _____
Address: _____

Name and Title: Harry Whiteside Sec.
Address: 6070 80th Street No.
St. Petersburg FL
33709

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Rocco Cellamare
Address: 8140 Terrace garden dr. no. #204
St. Petersburg FL
33709

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Rocco Cellamare
Address: 8140 Terrace garden dr. no. #204
St. Petersburg FL
33709

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TALLAHASSEE, FLORIDA

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

Rocco Cellamare

Required Signature of Registered Agent

Oct. 18, 2011

Date

I submit this document and affirm that the facts stated herein are true. I am aware that any 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.

Rocco Cellamare

Required Signature of Incorporator

Oct. 18, 2011

Date