## V22000/3232

| (Re                                     | equestor's Name)   |                                       |  |  |
|---|--------------------|---------------------------------------|--|--|
| (Ad                                     | ldress)            | · · · · · · · · · · · · · · · · · · · |  |  |
| (Ad                                     | ldress)            |                                       |  |  |
| ·<br>                                   |                    |                                       |  |  |
| (Cit                                    | ty/State/Zip/Phone | e #)                                  |  |  |
| PICK-UP                                 | ☐ WAIT             | MAIL                                  |  |  |
|   | ısiness Entity Nar |                                       |  |  |
| (80                                     | isiless Litity Nai | ne)                                   |  |  |
| (De                                     | ocument Number)    |                                       |  |  |
| (00                                     | cument Number)     |                                       |  |  |
| Certified Copies                        | _ Certificates     | s of Status                           |  |  |
| Special Instructions to Filing Officer: |                    |                                       |  |  |
|   |                    |                                       |  |  |
|   |                    |                                       |  |  |
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D. O'KEEFE DEC - 1 2022

## **COVER LETTER**

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

| SUBJECT: OTOW Billi        | iard Club, Inc.                                 |                                |  |  |  |
|----------------------------|---|--------------------------------|--|--|--|
|                            | (PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX) |                                |  |  |  |
|                            |   |                                |  |  |  |
| Enclosed is an original ar | nd one (1) copy of the Artic                    | cles of Incorporation and      | a check for:                                   |  |  |
| <b>a</b> \$70.00           | □ <b>\$78</b> .75                               | □\$78.75                       | □ \$87.50                                      |  |  |
| Filing Fee                 | Filing Fee &<br>Certificate of<br>Status        | Filing Fee<br>& Certified Copy | Filing Fee.<br>Certified Copy<br>& Certificate |  |  |
|                            |   | ADDITIONAL CO                  | PY REQUIRED                                    |  |  |
| FROM:                      | Philip Panzera                                  |                                |  |  |  |
| •                          | Name (Printed or typed)                         |                                |  |  |  |
|                            | 9325 SW 89th Loop                               |                                |  |  |  |
|                            |   | Address                        | -  |  |  |
|                            | Ocala, FL 34481                                 |                                |  |  |  |

E-mail address: (to be used for future annual report notification)

352-804-5498

rocketceo@gmail.com

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

City, State & Zip

Daytime Telephone number

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

|  | NAME OTOW Billiard corporation shall be:   | Club, Inc.               |                                       |                   |
|--|--|--------------------------|---------------------------------------|-------------------|
| ARTICLE II                                     | PRINCIPAL OFFICE   |                          |                                       |                   |
| 9325   | Principal <u>street</u> address;<br>SW 89th Loop   |                          | Mailing address, if different is:     |                   |
| Ocali  | a, 1-1. 34481  |                          |                                       |                   |
| ARTICLE III The purpose for to play billiards. | PURPOSE which the corporation is organized is: , and to assist or instruct new players h | (1) to provide a forum   | where members and their guests can    | assemble          |
| (2) to stimulate                               | competition by holding tournaments; a  | nd (3) to garner a clos  | er relationship with other members ar | nd their families |
| through occasio                                | nal social events.   |                          |                                       |                   |
|  |  |                          |                                       |                   |
|  |  |                          |                                       | ,                 |
|  |  |                          |                                       |                   |
| ARTICLE IV                                     | MANNER OF ELECTION The ma  | inner in which the direc | tors are elected and appointed:       |                   |
|  | vote, each year, at the January quar   |                          |                                       |                   |
| ADTICLE IV                                     | INITIAL MEETCEDS AND AND DIDE  | 7.T7)DC                  |                                       |                   |
| ARTICLE V                                      | INITIAL OFFICERS AND/OR DIRE   | <u>.C.rons</u>           |                                       |                   |
| Name and Title:                                | Philip Panzera, President  | Name and Title:          | Philip Panzera, Secretary             | _                 |
| Address _                                      | 9325 SW 89th Loop  | Address:                 | 9325 SW 89th Loop                     | _                 |
| -  | Ocala, FL , 34481  |                          | Ocala, FL 34481                       | _                 |
| -<br>Name and Title:                           | Ralph Szelenyi, Vice President   | Name and Title:          | Milton Christopher, Treasurer         | <del></del>       |
| Address _                                      | 9859 SW 99th Loop  | Address:                 | 8711 SW 91st St                       | _                 |
| Address _                                      | Ocala, FL 34481  | Address.                 | Ocala, FL 34481                       | - 20              |
| -  | <del></del>  | <del></del>              |                                       | 2022 NOV          |
| -<br>Name and Title:                           |  | Name and Title:          | 于AS2                                  |                   |
|  |  |                          |                                       | — o               |
| Address _                                      |  | Address:                 |                                       | — <u> </u>        |
| -  |  |                          | <u> </u>                              | - 5<br>ئن         |

| Name and Title: Address  ARTICLE VI REG The name and Florida Name: Address: | ISTERED AGENT<br>1 street address (P.O. Box NOT accept<br>Philip Panzera<br>9325 SW 89th Loop                | Name and Tit<br>Address:            | le:                                   |                                   |                        |                  |               |
|---|--|-------------------------------------|---------------------------------------|-----------------------------------|------------------------|------------------|---------------|
| ARTICLE VI REG The name and Florida Name: Address:                          | ISTERED AGENT<br>street address (P.O. Box NOT accept<br>Philip Panzera                                       | Address:                            | le:                                   |                                   |                        |                  |               |
| ARTICLE VI REG The name and Florida Name: Address:                          | ISTERED AGENT<br>street address (P.O. Box NOT accept<br>Philip Panzera                                       | Address:                            | le:                                   |                                   |                        |                  |               |
| ARTICLE VI REG The name and Florida Name: Address:                          | ISTERED AGENT<br>street address (P.O. Box NOT accept<br>Philip Panzera                                       | Address:                            |                                       |                                   |                        |                  |               |
| ARTICLE VI REG The name and Florida Name: Address:                          | ISTERED AGENT<br>street address (P.O. Box NOT accept<br>Philip Panzera                                       | Address:                            |                                       |                                   |                        |                  |               |
| ARTICLE VI REG The name and Florida Name: Address:                          | ISTERED AGENT<br>street address (P.O. Box NOT accept<br>Philip Panzera                                       |                                     |                                       |                                   |                        | <del>-</del><br> |               |
| The <u>name and Florida</u> Name:  Address:                                 | street address (P.O. Box NOT accept<br>Philip Panzera  | nable) of the reg                   | gistered agent is:                    |                                   |                        | _                |               |
| The name and Florida  Name:  Address:                                       | street address (P.O. Box NOT accept<br>Philip Panzera  | яable) of the reg                   | gistered agent is:                    |                                   |                        |                  |               |
| The <u>name and Florida</u> Name:  Address:                                 | street address (P.O. Box NOT accept<br>Philip Panzera  | stable) of the reg                  | gistered agent is:                    |                                   |                        |                  |               |
| The <u>name and Florida</u> Name:  Address:                                 | street address (P.O. Box NOT accept<br>Philip Panzera  | otable) of the reg                  | gistered agent is:                    |                                   |                        |                  |               |
| Address:  | · · · · · · · · · · · · · · · · · · ·  |                                     |                                       |                                   |                        |                  |               |
| Address:  | 9325 SW 89th Loop  |                                     |                                       |                                   |                        |                  |               |
| _   |  |                                     |                                       |                                   |                        |                  |               |
|   | Ocala, FL 34481  |                                     |                                       |                                   |                        |                  |               |
| _   |  |                                     |                                       |                                   | <u>&gt;</u> ;          | 207              |               |
| ARTICI,E VII INC  |  |                                     |                                       |                                   |                        | 2022 NOV 15      | ····, ··      |
|   | s of the Incorporator is:<br>Philip Panzera  |                                     |                                       |                                   | 5.5                    | ) ¥              | ·             |
| Name:   | 9325 SW 89th Loop  |                                     |                                       |                                   | WHAT SHEET AND A SHEET |                  | T<br>TT       |
| Address:  | , , , , , , , , , , , , , , , , , , ,  |                                     |                                       |                                   | ·::                    | PK               | <u>-</u>      |
| _   | Ocala, FL 34481  |                                     |                                       |                                   | 평 <u>기</u>             | <i>လ</i>         | `-            |
| ARTICLE VIII EFI  |  |                                     | er stammers                           | t e f s                           |                        | ~                |               |
|   | than the date of filing:  listed, the date must be specific and  | d cannot be n                       | (OPTION<br>nore than five da          |                                   | ) days af              | ter the          | filing.)      |
| Note: If the date insert document's effective of                            | ted in this block does not meet the ap<br>late on the Department of State's reco                             | oplicable statute<br>ords.          | ory filing require                    | ments, this date                  | e will not             | be list          | ed as the     |
| Having been named of certificate, Lam family                                | is registered agent to accept service of armin and accept the appointment as                                 | of process for<br>registered age    | the above stated<br>nt and agree to a | corporation a<br>ct in this capac | t the place            | e desig          | nated in this |
|   |  | >                                   |                                       | November 3, 2022                  |                        | <del></del>      |               |
|   | Required Signature of Registered   | -                                   |                                       |                                   | Date                   |                  |               |
| I submit this document the Department of Sta                                | t and affirm that the facts stated herein<br><del>e consti</del> tutes a <del>leird degree</del> felony as p | n are true. I am<br>provided for in | aware that any f<br>s.817.155, F.S.   | alse informatio                   | on submii              | tted in a        | i document to |
|   | 10 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1  |                                     |                                       | Nove                              | November 3, 2022       |                  |               |
|   | Required Signifture of Incom   | Porator                             | <del>_</del>                          |                                   | Dat                    | e                |               |
|   |  |                                     |                                       |                                   |                        |                  |               |