

P01000112557

TRANSMITTAL LETTER

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

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FILED
01 NOV 26 AM 8:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: **BREAKTIME BILLARDS, INC.**

(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 Status

FROM:

ALEX ASSAD

Name (printed or typed)

1551 PATRICIA AVENUE

(Address)

DUNEDIN, FL 34698

(City/State//Zip)

(727) 738-4192

(Day time telephone number)

500004692995-1
-11/26/01--01049--001
*****70.00 *****70.00

NOTE: Please provide the original and one (1) copy of the Articles

DIVISION OF CORPORATIONS, P.O. BOX 6327 TALLAHASSEE, FL 32314

J. BRYAN NOV 28 2001

ARTICLES OF INCORPORATION
OF

BREAKTIME BILLARDS, INC.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned incorporation (s) , for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt (s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

BREAKTIME BILLARDS, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

**4200 62ND AVENUE
ST. PETERSBURG, FL 33781**

ARTICLE III CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is

1000 SHARES NON-PAR

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

**JAMES H. COLLIER, SR.
9110 STERLING LANE
PORT RICHEY, FL 34668**


ARTICLE V INCORPORATOR(S)

The name (s) and street address (s) of the Incorporator (s) to these Articles of Incorporation is (are):

ALEX ASSAD (PRESIDENT)
1551 PATRICIA AVENUE
DUNEDIN, FL 34698

The undersigned has (have) executed these Articles of Incorporation this

21ST ____ DAY ____ OF NOVEMBER ____ 2001

 P ____ Signature/Title

____ V-P ____ Signature/Title

____ SEC ____ Signature/Title

____ Signature/Title

____ Signature/Title

CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE

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TALLAHASSEE, FLORIDA

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA
STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER LAWS
OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIG-
NATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF
FLORIDA.

1. The name of the corporation is: _

BREAKTIME BILLARDS, INC.

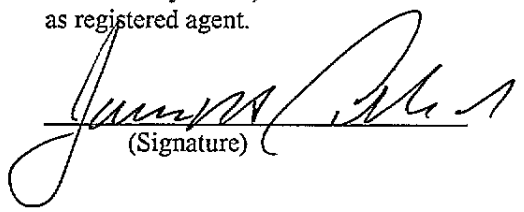
The name and address of the registered agent and office is:

JAMES H. COLLIER SR.
(Name)

9110 STERLING LANE
(P. O. Box not acceptable)

PORT RICHEY, FL 34668
(City/State/Zip)

I have been named as registered agent and to accept service of process for the
aboved stated corporation at the place designated in this certificate, 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 relating to the proper and complete perfor-
mance of my duties, and I am familiar with and accept the obligations of my position
as registered agent.


(Signature)

11-21-01
(Date)