

P03000017520

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

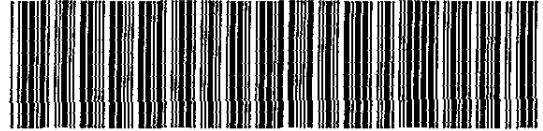
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2003 FEB 10 PM 3:47

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TRANSMITTAL LETTER

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2003 FEB 10 PM 3:47

STATE
TALLAHASSEE FL 32314

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

SUBJECT: Billiard Distributor's of Florida, Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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^A
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Lou Ferris

Name (Printed or typed)

1818 Delaney Avenue

Address

Orlando, FL 32806

City, State & Zip

407-422-8004

Daytime Telephone number

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

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

Billiard Distributor's of Florida, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1818 Delaney Avenue
Orlando, FL 32806

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Billiard Distribution

ARTICLE IV SHARES

The number of shares of stock is:

100,000

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

Lou Ferris, President

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Lou Ferris
1818 Delaney Avenue
Orlando, FL 32806

ARTICLE VII INCORPORATOR

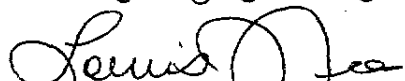
The name and address of the Incorporator is:

Lou Ferris
1818 Delaney Avenue
Orlando, FL 32806

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



Signature/Registered Agent



Signature/Incorporator

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STATE
OF FLORIDA

2/6/03

Date

2/6/03

Date