

P03000107036

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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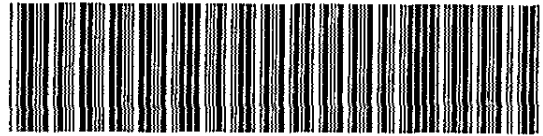
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2003 SEP 25 AM 11:54
TALLAHASSEE, FLORIDA
STATE

FILED

09-30-03

TRANSMITTAL LETTER

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

SUBJECT: --THOMAS AARON BILLIARDS, 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
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: THOMAS CARTWRIGHT

Name (Printed or typed)

365 NE BAKER ROAD

Address

STUART, FL 34994

City, State & Zip

772-692-3663

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:
THOMAS AARON BILLIARDS, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:
365 NE BAKER ROAD
STUART, FL 34994

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
MANUFACTURING AND DISTRIBUTION OF GAME TABLES

ARTICLE IV SHARES

The number of shares of stock is:
1,000 SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):
THOMAS CARTWRIGHT, PRESIDENT
ANNA CARTWRIGHT, VICE PRESIDENT
AARON T. CARTWRIGHT, SECRETARY
ALLISON CARTWRIGHT, TREASURER

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:
THOMAS CARTWRIGHT
365 NE BAKER ROAD
STUART, FL 34994

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:
ALLISON CARTWRIGHT
365 NE BAKER ROAD
STUART, FL 34994

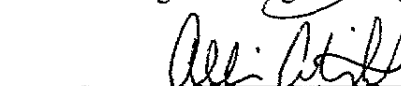
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

19 Sept. 2003

Date



Signature/Incorporator

19 Sept. 2003

Date

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2003 SEP 25 AM 11:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA