

PI6000002128

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

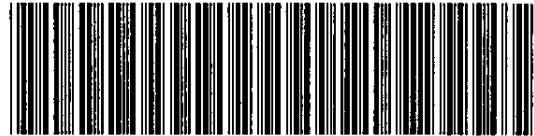
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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15 DEC 30 AM 7:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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AND  
FILED

VH

**COVER LETTER**

**TO:** Charter Section  
Division of Corporations

**SUBJECT:** Perfect Rack Billiards, Inc.

\_\_\_\_\_  
Name of Resulting Florida Profit Corporation

The enclosed Certificate of Conversion, Articles of Incorporation, and fees are submitted to convert an "Other Business Entity" into a "Florida Profit Corporation" in accordance with s. 607.1115, F.S.

Please return all correspondence concerning this matter to:

Gary Goff

\_\_\_\_\_  
Contact Person

Perfect Rack Billiards, Inc.

\_\_\_\_\_  
Firm/Company

1186 EDGEWOOD AVE S

\_\_\_\_\_  
Address

JACKSONVILLE, FL 32205

\_\_\_\_\_  
City, State and Zip Code

PRB1186@gmail.com

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

For further information concerning this matter, please call:

Glenn Fowler

at ( 904 )

765-2355x115

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$105.00 Filing Fees    ☐ \$113.75 Filing Fees    ☒ \$113.75 Filing Fees    ☐ \$122.50 Filing Fees,  
and Certificate of                      and Certified Copy                      Certified Copy, and  
Status    Certificate of Status

**STREET ADDRESS:**

New Filings Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

New Filings Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**Certificate of Conversion**  
For  
**"Other Business Entity"**  
Into  
**Florida Profit Corporation**

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AND  
FILED

15 DEC 30 AM 7:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

This Certificate of Conversion **and attached Articles of Incorporation** are submitted to convert the following **"Other Business Entity" into a Florida Profit Corporation** in accordance with s. 607.1115, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:

Perfect Rack Billiards, LLC

L 07 -124387

Enter Name of Other Business Entity

2. The "Other Business Entity" is a Limited Liability Company

(Enter entity type. Example: limited liability company, limited partnership,  
general partnership, common law or business trust, etc.)

first organized, formed or incorporated under the laws of Florida

(Enter state, or if a non-U.S. entity, the name of the country)

on 1/1/2008

Enter date "Other Business Entity" was first organized, formed or incorporated

3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated:

N/A

4. The name of the Florida Profit Corporation as set forth in the **attached Articles of Incorporation**:

Perfect Rack Billiards, Inc.

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: 1/1/2016

(The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; **AND** 2) must be the same as the effective date listed in the attached Articles of Incorporation, if an effective date is listed therein.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Signed this 23 day of December, 2015.

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AND  
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TALLAHASSEE, FLORIDA

**Required Signature for Florida Profit Corporation:**

Signature of Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an

Incorporator: Gary Goff  
Printed Name: Gary Goff Title: President

**Required Signature(s) on behalf of Other Business Entity:** [See below for required signature(s).]

Signature: Gary Goff  
Printed Name: Gary Goff Title: MGRM

Signature: Amelia Goff  
Printed Name: Amelia Goff Title: MGRM

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

**If Florida General Partnership or Limited Liability Partnership:**

Signature of one General Partner.

**If Florida Limited Partnership or Limited Liability Limited Partnership:**

Signatures of ALL General Partners.

**If Florida Limited Liability Company:**

Signature of a Member or Authorized Representative.

**All others:**

Signature of an authorized person.

**Fees:**

Certificate of Conversion:	\$35.00
Fees for Florida Articles of Incorporation:	\$70.00
Certified Copy:	\$8.75 (Optional)
Certificate of Status:	\$8.75 (Optional)

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

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AND  
FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be: Perfect Rack Billiards, Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailing address is:

Principal street address  
1186 EDGEWOOD AVE S JACKSONVILLE, FL 32205

Mailing address, if different is:  
Same

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Any and all legal activity

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: GARY GOFF

Address: 1186 EDGEWOOD AVE S  
JACKSONVILLE, FL 32205

Name and Title: AMELIA GOFF

Address: 1186 EDGEWOOD AVE S  
JACKSONVILLE, FL 32205

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_  
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Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

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TALLAHASSEE, FLORIDA

**ARTICLE VI REGISTERED AGENT**

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

Name: GARY GOFF  
Address: 1186 EDGEWOOD AVE S  
JACKSONVILLE, FL 32205

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: GARY GOFF  
Address: 1186 EDGEWOOD AVE S  
JACKSONVILLE, FL 32205

\*\*\*\*\*

*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*

  
Required Signature/Registered Agent

12/23/2015

Date

EFFECTIVE DATE 1/1/2016

*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.*

  
Required Signature/Incorporator

12/23/2015

Date