Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

Promi

Account Name : PERMITTING SPECIALIST OF FOOD & BEVERAGE INC

Account Number : I20190000062 Phone

: (239)850-9451

Fax Number

1 (866)929-0535

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

FLORIDA PROFIT/NON PROFIT CORPORATION

RJ Billiards, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing Menu

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COVER LETTER

Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahessee, FL 32314

SUBJECT:	RJ BILLIARDS, INC.		
	(PROPOSED CORPORA	TE NAME - MUST INCL	IDESTITOX)
Enclosed are an ori	ginal and one (1) copy of the art	icles of incorporation and	a check for:
□ \$70.00 Filing Fee	IN \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
FROM:	RANDY T JOHNSON		

RANDY T JOHNSON

Name (Printed or typed)

2200 NE 4TH PLACE

Address

CAPE CORAL, FL 33909

City, State & Zip

239-848-8084

Deytime Telephone number

PSFB@COMCAST.NET

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

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

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21 APR 15 AM 7: 07

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

SANTA E	UNCIPAL OFFICE Principal street address BARBARA BLVD	2200 NE 4TH PLACE
	FL 33991	CAPE CORAL FL 33909
T.R.III PV rpose for whi	RPOSE ich the corporation is organized is: any and	all lawful business
LEIY SH	4853 400	
LEIV SH mber of share	ARES 100	
mber of share	TIAL OFFICERS AND OR DIRECTORS	
mber of share CLE V IN Name and	Title: RANDY T JOHNSON /PRES.	Name and Title:
	THE RANDY T JOHNSON /PRES. 2200 NE 4TH PLACE	Name and Title:
mber of share LE V IN Name and	Title: RANDY T JOHNSON /PRES.	
mber of share CLE V IN Name and Address	THE CAPE CORAL, FL 33909	Address:
Name and T	THE CAPE CORAL, FL 33909	Address: Name and Title:
Mame and Address	THAL OFFICERS AND OF DIRECTORS Title: RANDY T JOHNSON /PRES. 2200 NE 4TH PLACE CAPE CORAL, FL 33909 Title: MARSAY L PHILLIPS / V. PRES	Address:
mber of share CLE V IN Name and Address Name and T	THAL OFFICERS AND OF DERCTORS Title: RANDY T JOHNSON /PRES. 2200 NE 4TH PLACE CAPE CORAL, FL 33909 Title: MARSAY L PHILLIPS / V. PRES. 2200 NE 4TH PLACE	Address: Name and Title:
Mame and Address Name and T	Title: RANDY T JOHNSON /PRES. 2200 NE 4TH PLACE CAPE CORAL, FL 33909 MARSAY L PHILLIPS / V. PRES 2200 NE 4TH PLACE CAPE CORAL, FL 33909	Name and Title: Address:
Name and T	THAL OFFICERS AND OF DERCTORS Title: RANDY T JOHNSON /PRES. 2200 NE 4TH PLACE CAPE CORAL, FL 33909 MARSAY L PHILLIPS / V. PRES 2200 NE 4TH PLACE CAPE CORAL, FL 33909	Address: Name and Title:

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Name a	and Title:	Name and Title:	
Addre	s	Address:	
			
	REGISTERED AGENT Florida street address: (P.O. Box NOT acceptable)	of the registered agent is:	
Napas.	RANDY T JOHNSON	 -	
Address:	2200 NE 4TH PLACE	-	
	CAPE CORAL, FL 33909	_	
ARTICLE VII	INCORPORATOR		
The name and	etidress of the incorporator is:		
Name:	NOSHHOL T YDNAS	_	
Address:	2200 NE 4TH PLACE	_	
	Cape Coral, FL 33990	<u> </u>	
Effective date, (If an effective filing.)	EFFECTIVE DATE: if other than the date of filing: date is listed, the date must be specific and cannot be inserted in this block does not meet the applicab	iol be more than five days prio	
Having been no certificate, I sa	effective date on the Department of State's record much as registered agant to occupt service of process of faultier with and society the appointment as regist	i. For the above stated corporation (of the place designated in the
	Required Signature/Registered Agent	· · · · · · · · · · · · · · · · · · ·	Date
ा submit this di क्षेट्रामध्या to the	ocument and affirm that the facts stated herein as a Department of State constitutes a third degree felo	e true. I am aware that the fals ny as provided for in 2,817,155,'I	e information submitted in LS
Haun	un		04/12/21
Required Signs	ture/Incorporator	Date	
E			
ري د		•	
- 8a-			
Q-1			

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