

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				





500429319365

01./06/24--01014--005 *#70.00

RECEIVED MAY 0 3 2024

SECRETARY OF STATE SECRETARY OF CORPORATIONS 24 MAY -3 PM 4: 32



COVER LETTER

TO: Registration Section Division of Corpo				
SUBJECT: TableArt, Inc	: .			
30bale:	Name of corporation	on - must include suffix		
Dear Sir or Madam:				
"Certificate of Existence,"	by Foreign Corporation fo or "Certificate of Good State orporation to transact busin	inding" and check are sub	ct Business in Florida," mitted to register the	
Please return all correspon	dence concerning this matte	er to the following:		
Richard A. Warden				
	Name o	f Person		
TableArt, Inc.				
	Firm/Co	mpany [.]		
2395 Windsor Way Court				
	Add	Iress		
Wellington, FL 33414				
	City/State	and Zip code		
rwarden@kpwproductions.ne	et			
	E-mail address: (to be used	for future annual report r	notification)	
For further information co	ncerning this matter, please	call:		
Richard A. Warden	at (610	909-2950	909-2950	
Name of Person	Area Co	de Daytime Telep	hone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		Registration S Division of Co P.O. Box 632	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
	o: FLORIDA DEPARTMEN	TT OF STATE \$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy	

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

"inc" "Co" "C	orp." "Inc." "Co." or "Corp.")			
(If name unavail	able in Florida, enter alternate corporate name	adopted for the purpose of transacting business in	Florida)	
Pennsylvania 3.		26-1747008		
(State or country under the law of which it is incorporated)		(FEI number, if applicable)		
(Date	of incorporation)	(Date of duration, if other than perpetua	ıl)	
01/01/2024				
2305 Windsor W	(SEE SECTIONS 607.1501 & 607.1	n Florida, if prior to registration) 502, F.S., to determine penalty liability)		
	ay Court, Wellington, FL 33414	ice <u>street</u> address)	<u>.</u>	
	(глистратоп	ice street address)		
	(Current maili	ng address, if different)		
	(Curen main	ng address. If differently		
Name and stree	et address of Florida registered agent: (P.C	D. Box NOT acceptable)		
Name:	Richard A. Warden	<u> </u>	3171S	
fice Address:	2395 Windsor Way Court		14 HAY -3	
office Address.	Wellington	, Florida 33414		
	(City)	(Zip code)	PM 4: 32	
Registered ag	ent's acceptance:		35 25 25 25 26 26 26 26 26 26 26 26 26 26 26 26 26	
aving been nam	ied as registered agent and to accept servi	ice of process for the above stated corporatio	n at the p	
signated in this	application, I hereby accept the appoints	ment as registered agent and agree to act in t	this capaci	
rther agree to c d I am familias	comply with the provisions of all statutes t with and accept the obligations of my po	relative to the proper and complete performa exition as revistered avent.	nce of my	
a r am jaman	min and accept the obligations of my po-			
	•			
	Ω_2 / Ω			
	Millander			

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

A. DIRECTORS	•					
□Chairman	Name: Katharine P. Warden	□Chairman	Name: Richard A. Warden			
□Vice Chairman	Address: 2395 Windsor Way Court	□Vice Chairman	Address: 2395 Windsor Way Court			
□ Director	Wellington, FL 33414	□Director	Wellington, FL 33414			
President		□President				
□Vice President		■Vice President				
□ Secretary	□Treasurer	☐ Secretary	□Treasurer			
□Other	□ Other	□Other	□Other			
□Chairman	Name:	□Chairman	Name:			
□Vice Chairman	Address:	□Vice Chairman	Address:			
□Director		□Director				
□President		□President				
□Vice President		□Vice President				
□Secretary	□Treasurer	☐ Secretary	☐Treasurer			
□Other	□Other	□Other	□Other			
□Chairman	Name:	□Chairman	Name:			
☐ Vice Chairman	Address:	□Vice Chairman	Address:			
□Director		□Director				
□President		□President				
□Vice President		□Vice President				
☐ Secretary	□Treasurer	☐ Secretary	□Treasurer			
□Other	Other	□Other	□Other			
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.						
12. Signature of Director or Officer						
The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or						

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he of she is aware that 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.

Pennsylvania Department of State

Bureau of Corporations and Charitable Organizations PO Box 8722 | Harrisburg, PA 17105-8722 T:717-787-1057 dos.pa.gov/BusinessCharities

Regarding: TableArt, Inc.

Request Type: Subsistence Certificate Issuance Date: April 29, 2024

Request No.: 034927430 **File No.:** 0003778504

Receipt No.: 001024849

Filing Type: Domestic Business Corporation

Filing Subtype: Business

Initial Filing Date: December 31, 2007

Status: Active

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT

TableArt, Inc.

is currently subsisting on the records of the Department of State as of the issuance date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the seal of my office to be affixed, the day and year above written

Albert Schmidt

Secretary of the Commonwealth

Men Selmi

Verify this certificate online at www.file.dos.pa.gov