

L09000073185

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

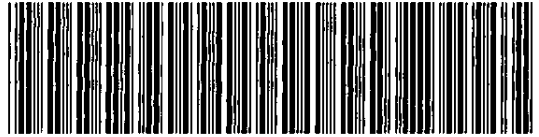
(Document Number)

Certified Copies _____

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07/29/09--01015--015 **125.00

EFFECTIVE DATE

7/28/09

FILED
09 JUL 29 PM 12:06
SECRETARY OF STATE
TALLAHASSEE FLORIDA

N. O'Connell

JUL 30 2009

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: TABLE CHARMZ LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JIMMY NG
Name of Person

TABLE CHARMZ LLC
Firm/Company

137 SANTA MONICA AVENUE
Address

ROYAL PALM BEACH, FLORIDA, 33411
City/State and Zip Code

BEEGLE2000@AOL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JIMMY NG at (561) 707-8072
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

TABLE CHARMZ LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

137 SANTA MONICA AVENUE
ROYAL PALM BEACH FL 33411

same

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

JIMMY NG

Name

137 SANTA MONICA AVENUE

Florida street address (P.O. Box **NOT** acceptable)

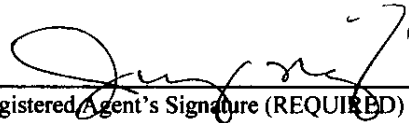
ROYAL PALM BEACH FL 33411

City, State, and Zip

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Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

JIMMY NG
137 SANTA MONICA AVENUE
ROYAL PALM BEACH FL 33411

MGR

LINA NG
137 SANTA MONICA AVENUE
ROYAL PALM BEACH FL 33411

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: JULY 28, 2009 (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

JIMMY NG

Typed or printed name of signee

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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