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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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From:

Account Name : CIKLIN LUBITZ
Account Number : 076376001447
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Fax Number : (561)833-4209

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

Email Address: ____Jbeer@ciklinlubitz.com

FLORIDA LIMITED LIABILITY CO. Table 205 LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

2021 HAY -4 PM 4: 3

- ;

ARTICLES OF ORGANIZATION FOR FLORE	COMPANY COMPANY COMPANY COMPANY
ARTICLE I - Name:	
The name of the Limited Liability Company is:	
Table205 LLC	
(Must contain the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office o <u>Principal Office Address</u> :	f the Limited Liability Company is: Mailing Address:
4300 U.S. 1, Suite 205	c/o Ciklin Lubitz, Atm: Jerald S. Beer, Esq.
Jupiter, FL 33477	515 N. Flagler Drive, 20th Floor
	West Palm Beach, FL 33401
ARTICLE III - Registered Agent, Registered Office, & Registered Liability Company cannot serve as its own Registanother business entity with an active Florida registration.)	gistered Agent's Signature: tered Agent. You must designate an individual or

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

Jerald S. Beer, Esq. Name 515 N. Flagler Drive, 20th Ploor Florida street address (P.O. Box NOT acceptable) 33401 West Paim Beach,

State

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 605, F.S..

City

Registered Agent's Signature (REQUIRED)

Zip

(CONTINUED)

(H21000179955 3)

Title:	Name and Address:
AMBR = Authorized Member	
'MGR" = Manager	
AMBR	Daniel Comer (30 units)
	4300 U.S. 1, Suite 205 Jupiter, FL 33477
	Jubici, PL 33411
AMBR	Louise Bottiglieri (60 units)
<u> </u>	4300 U.S. 1, Suite 205
	Juditer, FL 33477
.	- TOO TAKE !
	he date of filing:(OPTIONAL)
EV: Effective date, if other than the citive date is listed, the date must of filing.) the date inserted in this block does nent's effective date on the Depart	the date of filing: (OPTIONAL) t be specific and cannot be more than five business days prior to or 90 es not meet the applicable statutory filing requirements, this date will not one of the specific and statutory filing requirements.
V: Effective date, if other than the little date is listed, the date must filing.) The date inserted in this block does ent's effective date on the Depart VI: Other provisions, if any.	t be specific and cannot be more than five business days prior to or 90 es not meet the applicable statutory filing requirements, this date will not rement of State's records.
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CV: Effective date, if other than the citive date is listed, the date must filling.) the date inserted in this block does nent's effective date on the Depart CVI: Other provisions, if any. Ulawful business, including with connected or related thereto. REOUTRED SIGNATURE:	t be specific and cannot be more than five business days prior to or 90 cs not meet the applicable statutory filing requirements, this date will not rement of State's records. State's records. The indication operation of a restaurant including without limitation of a member or an authorized representative of a member.
E.V: Effective date, if other than the citive date is listed, the date must filling.) the date inserted in this block does nent's effective date on the Depart E.VI: Other provisions, if any. Il lawful business, including with a connected or related thereto. REOUTRED SIGNATURE: Signature of This documents.	es not meet the applicable statutory filing requirements, this date will not truent of State's records. Input limitation operation of a restaurant including without limitation of a member or an authorized representative of a member. Executed in accordance with section 605.0203 (1) (b), Florida Statutes.
E V: Effective date, if other than the citive date is listed, the date must f filing.) the date inserted in this block does ment's effective date on the Depart E VI: Other provisions, if any. All lawful business, including with a connected or related thereto. REOUTRED SIGNATURE: Signature of this document's I am aware that are	t be specific and cannot be more than five business days prior to or 90 cs not meet the applicable statutory filing requirements, this date will not rement of State's records. State's records. The indication operation of a restaurant including without limitation of a member or an authorized representative of a member.
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\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)