

L21000194009

Florida Department of State
Division of Corporations
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Division of Corporations
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Account Name : CIKLIN LUBITZ
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****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.

Table205 LLC

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

2021 MAY -4 AM 7:59

2021 MAY -4 PM 4:37

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Table205 LLC

(Must contain 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:

4300 U.S. 1, Suite 205
Jupiter, FL 33477

c/o Ciklin Lubitz, Attn: Jerald S. Beer, Esq.
515 N. Flagler Drive, 20th Floor
West Palm Beach, FL 33401

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:

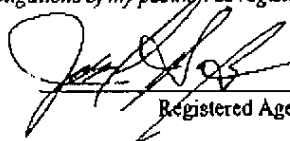
Jerald S. Beer, Esq.
Name

515 N. Flagler Drive, 20th Floor
Florida street address (P.O. Box **NOT** acceptable)

West Palm Beach, FL 33401
City State Zip

2021 MAY -4 AM 7:59

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..


Registered Agent's Signature (REQUIRED)

(CONTINUED)

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