

L220000043795

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

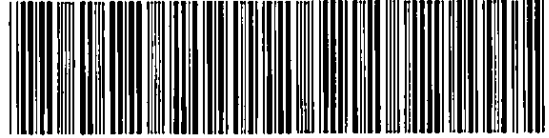
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
2022 FEB -1 AM 8:40

RECEIVED
2022 FEB -1 AM 11:40
SECRETARY
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 1, 2022

CSC

RESUBMIT

Please give original
submission date as file date.

SUBJECT: TABLE BLOOMS, LLC
Ref. Number: W22000010474

We have received your document for TABLE BLOOMS, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as Registered Agent.")

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan
Regulatory Specialist III

Letter Number: 622A00002543

2022 FEB -4 PM 3:44

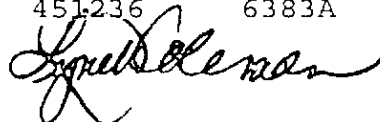
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CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 451236 6383A

AUTHORIZATION :



COST LIMIT : \$ 125.00

ORDER DATE : January 31, 2022

ORDER TIME : 9:33 AM

ORDER NO. : 451236-005

CUSTOMER NO: 6383A

DOMESTIC FILING

NAME: TABLE BLOOMS, LLC

EFFECTIVE DATE:

_____ ARTICLES OF INCORPORATION
_____ CERTIFICATE OF LIMITED PARTNERSHIP
XX _____ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker - EXT.

EXAMINER'S INITIALS: _____

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DIVISION OF CORPORATIONS

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**ARTICLES OF ORGANIZATION FOR
TABLE BLOOMS, LLC
A FLORIDA LIMITED LIABILITY COMPANY**

The undersigned, in forming a Florida Limited Liability Company ("Company") under the Florida Limited Liability Company Act, Chapter 605 of the Florida Statutes, hereby adopt the following Articles of Organization for such Company:

ARTICLE I - Name

The name of the Limited Liability Company is Table Blooms, LLC.

ARTICLE II - Address

The mailing address of the principal office of the Limited Liability Company is 7235 Maida Ln., Apartment 5C, Fort Myers, Florida 33908, and the street address of the principal office of the Limited Liability Company is 7235 Maida Ln., Apartment 5C, Fort Myers, Florida 33908.

ARTICLE III - Duration

The period of duration for the Limited Liability Company shall be from the time the Articles of Organization are filed, until December 31, 2099, except as otherwise provided in Article VI.

ARTICLE IV - Management

The Limited Liability Company is to be managed by one (1) manager and the name and address of such manager who is to serve as manager until her successors are elected and qualified are:

Mary Lisa Grimmer
7235 Maida Ln., Apt. 5C
Fort Myers, Florida 33908

ARTICLE V - Admission of Additional Members

The members may admit additional members upon the unanimous vote of all members, and payment towards capital of the sum required by said vote.

ARTICLE VI - Members Rights to Continue Business

The remaining members of the Limited Liability Company may continue the business upon the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company, if the remaining members agree by vote.

ARTICLE VII - Registered Agent

The name and street address of the initial registered agent is:

Elizabeth C. Bentley
12661 New Brittany Blvd.
Fort Myers, Florida 33907

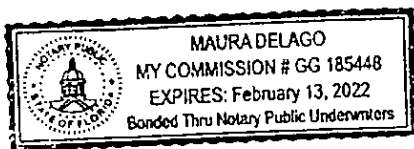
ARTICLE VIII - Required Signature

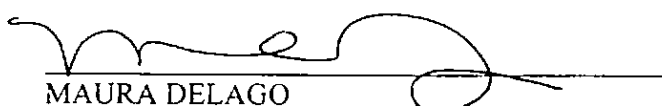
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
I am aware that any false information submitted in a document to the Department of State
constitutes a third degree felony as provided for in s.817.155, F.S.


MARY LISA GRIMMER, Member

STATE OF FLORIDA)
)
COUNTY OF LEE)

The foregoing instrument was acknowledged before me by means of ☒ physical presence
or ☐ online notarization, this 31st day of January, 2022 by MARY LISA GRIMMER, who is
personally known to me or who has produced _____ as identification.




MAURA DELAGO
Notary Public - State of Florida
Commission No. GG 185448
My Commission Expires: 02/13/2022


ACCEPTANCE BY REGISTERED AGENT

In pursuance of Chapter 605.0113 (2), Florida Statutes, the following is submitted, in compliance with said Act:

That Table Blooms, LLC, a Florida Limited Liability Company, desiring to organize under the laws of the State of Florida, with its principal office, as indicated in the Articles of Organization, at Fort Myers, County of Lee, State of Florida, has named Elizabeth C. Bentley, 12661 New Brittany Blvd., Fort Myers, Florida 33907, County of Lee, State of Florida, as its agent to accept service of process within this State.

ACCEPTANCE BY REGISTERED AGENT:

Having been named as Registered Agent to accept service of process for the above stated LLC, at the place designated in this certificate, I hereby accept to act in this capacity, acknowledge that I am familiar with the obligations of this position and agree to comply with the provisions of said Act relative to keeping open said office.


ELIZABETH C. BENTLEY,
Registered Agent

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