## M17000003451

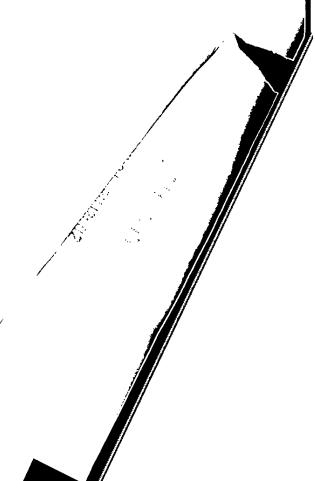
(Requestor's Name)							
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PłCK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							
W17-21263							

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March 30, 2017

SHERRY HELLER 13837 VIA AURORA, UNIT D DELRAY BEACH, FL 33484

SUBJECT: TABLETOP CREATION, LLC

Ref. Number: W17000027263

We have received your document for TABLETOP CREATION, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

The registered agent must sign accepting the designation.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia I Simmons Regulatory Specialist II

Letter Number: 017A00006125

## **COVER LETTER**

TO:	Registratio Division of	n Section Corporations							
SUBJI		p Creation, LI							
			Name of L	imited Liability C	отрапу				
The en Exister	closed "Appli- nce, and check	cation by Fore	ign Limited Liability Compa to register the above referen	iny for Authorizaticed foreign limit	tion to Trai	nsact Business in Florida," ( company to transact busine	Certificate of ss in Florida		
Please	return all corr	espondence co	ncerning this matter to the f	ollowing:					
	Sh	erry M. Heller							
Name of Person									
	Tabletop Creation, LLC								
Firm/Company									
	13837 Via Aurora, Unit D								
			<u> </u>	Address					
	Delray Beach, FL 33484								
City/State and Zip Code									
Chosenent@aol.com									
			E-mail address: (to be used	for future annual	report noti	fication)			
For fu	rther informati	on concerning	this matter, please call:						
	Sherry M. 1	Heller		561 at (	279-530				
	<del></del>	Name of	Contact Person	Area Code	Day	time Telephone Number			
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301						
Enclosed is a check for the following amount:  \$125.00 Filing Fee  \$\sum \text{Certificate of Status}\$		\$155.00 Filing Fee & Certified Copy		☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy					

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Tabletop Creation, LLC (Name of Fore		ust include "L	cimited Liability Company," "L.L.C.," or "L	JLC.")
Liability Company," "L.L.C,	Iternate name adopted for the purpo		ing business in Florida. The alternate name	must include "Limited
2. Delaware		3. 81-	5470970 (EIN) (FEI number, if applicable)	
(Jurisdiction under the law company is organized)				
4 NO BUSINESS TRAN	NSACTED AS YET			
7	(Date first transacted busin	less in Florida	a, if prior to registration.)	
5. 13837 Via Aurora, Un	(See sections 605.0904 & 603 att D, Delray Beach, FL 33484	7.0903, F.S. I	o determine penany naomity)	
<del></del>	(Street Address of	Principal Off	fice)	
6. Same	· · · · · · · · · · · · · · · · · · ·	•		
	(Mailing	Address)		. "»
7. Name and street address	ss of Florida registered agent: (F	2.O. Box NO	OT acceptable)	<b>-</b>
Name:	Sherry M. Heller	<u></u>	1 March 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Office Address:	13837 Via Aurora, Unit D			
	Delray Beach, FL		, Florida <u>33484</u>	
Registered agent's accep	(City)		(Zip code)	FR 12: 02
designated in this applica to complywith the provision	tion, I hereby accept the appoin	itment as reg proper and	ess for the above stated limited liabilit gistered agent and agree to act in this complete performance of my duties, a	y company at the place capacity. I further agree
	(Regis	stered agent's	signature)	
8. The name, title or capa	acity and address of the person(s	) who has/ha	ive authority to manage is/are:	
Sherry M. Heller A	uthorized member	er C	AMBR)	
Ann S. Heller	Thorized member	er (	AMBR)	
9. Attached is a certificate jurisdiction under the law of the translator must be su	of which it is organized. (If the c	certificate is	vauthenticated by the official having cu in a foreign language, a translation of the lized person	stody of records in the ne certificate under oath
This document is executed submitted in a document to	t in accordance with section 605.  the Department of State constitu	0203 (1) (b)	, Florida Statutes. I am aware that any fa	alse information

Typed or printed name of signee

Sherry M. Heller

Page 1

## Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "TABLETOP CREATION, LLC" IS DULY FORMED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS

OF THE TWELFTH DAY OF APRIL, A.D. 2017.

6322307 8300

Authentication: 202367558

Date: 04-12-17