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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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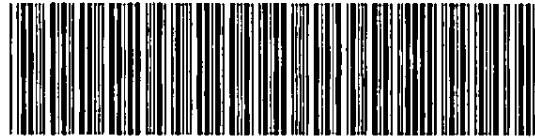
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. O'KEEFE
FEB 16 2022

COVER LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: THE TABLE FLORIDA, INC.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee &
Certificate of
Status

☐ \$78.75
Filing Fee
& Certified Copy

☒ \$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: DARRYL COPPENHAVER

Name (Printed or typed)

1092 NEEDLEWOOD LOOP

Address

OVIEDO, FL 32765

City, State & Zip

321-348-8681

Daytime Telephone number

thetableatgoldenrod@gmail.com

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: THE TABLE FLORIDA, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
4763 N. PALMETTO AVE

WINTER PARK, FL 32792

US

Mailing address, if different is:
P O BOX 376

GOLDENROD, FL 32733

US

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: SAID CORPORATION UPLIFTS AND EQUIPS COMMUNITIES BY
PROVIDING A SAFE SPACE AND MEALS THAT ARE OPEN TO EVERYONE, ESPECIALLY THOSE WHO ARE
UNHOUSED OR VULNERABLE; MEETING PHYSICAL, EMOTIONAL AND SPIRITUAL NEEDS; AND CONNECTING
THEM TO LOCAL RESOURCES

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: BYLAWS

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DARRYL COPPENHAVER, DIRECTOR

Address: 1092 NEEDLEWOOD LOOP
OVIEDO, FL 32765

Name and Title: JESSE STOKES, DIRECTOR

Address: 2308 SOUTH BUMBY AVE
ORLANDO, FL 32806

Name and Title: BRIAN BIDDINGER, DIRECTOR

Address: 8518 ALVERON AVE
ORLANDO, FL 32817

Name and Title: MARILYN COPPENHAVER, DIR

Address: 1092 NEEDLEWOOD LOOP
OVIEDO, FL 32765

Name and Title: SARAH STOKES, DIRECTOR

Address: 2308 SOUTH BUMBY AVE
ORLANDO, FL 32806

Name and Title: ART WOODRUFF, DIRECTOR

Address: 3545 SOUTH MELLONVILLE AVE
SANFORD, FL 32773

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: DARRYL COPPENHAVER

Address: 1092 NEEDLEWOOD LOOP

OVIEDO, FL 32765

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: DARRYL COPPENHAVER

Address: 1092 NEEDLEWOOD LOOP

OVIEDO, FL 32765

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Required Signature of Registered Agent

01/26/2022

Date

I submit this document and affirm that the facts stated herein are true. 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.

Required Signature of Incorporator

01/26/2022

Date

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TALLAHASSEE, FLORIDA