

To:

Page: 1 of 3

5/9/23, 1:40 PM

P23000036625

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H230001730873)))



H230001730873ABC+

**Note: DO NOT** hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : VCORP SERVICES, LLC  
Account Number : I20080000067  
Phone : (845)425-0077  
Fax Number : (845)818-3588

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

Email Address: \_\_\_\_\_

RECEIVED

2023 MAY -9 PM 2:39

DIVISION OF CORPORATIONS  
COMMERCIAL SERVICES

FLORIDA PROFIT/NON PROFIT CORPORATION

Table B19, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

SECRETARY OF STATE  
TALLAHASSEE, FL

2023 MAY -9 PM 1:20

FILED

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**The name of the corporation shall be: Table B19, Inc.**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

2311 Tradition Way Unit 2012311 Tradition Way Unit 201Naples, FL 34105-3095Naples, FL 34105-3095**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: Production/Sports Broadcaster & Writer**ARTICLE IV SHARES**The number of shares of stock is: 1,000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Joseph Tessitore, PresidentName and Title: Rebecca Tessitore, SecretaryAddress: 2311 Tradition Way Unit 201Address: 2311 Tradition Way Unit 201Naples, FL 34105-3095Naples, FL 34105-3095

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

SECRETARY OF STATE  
TALLAHASSEE, FL

2023 MAY -9 PM 1:20

FILED

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: Vcorp Agent Services, Inc.  
 Address: 1200 South Pine Island Road  
 Plantation, FL 11101

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is

Name: Raeesa Teily  
 Address: 25 Robert Pitt Drive, Suite 204  
 Monsey, NY 10952

FILED  
 2023 MAY -9 PM 1:20  
 SECRETARY OF STATE  
 TALLAHASSEE, FL

**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 business days prior or 90 business 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*

\_\_\_\_\_  
 Mimi Sanik  
 Required Signature/Registered Agent  
 05/09/2023  
 Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the 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/Incorporator  
 05/09/2023  
 Date