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(Requestor's Name)					
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PICK-UP	■ WAIT	MAIL			
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## **COVER LETTER**

TO:	Registration Section Division of Corporations
SURI	ECT: The Table Action Inc.
50-0	Name of Corporation – must include suffix
Dear S	ir or Madam:
Affairs	closed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to r the above referenced not for profit corporation to conduct its affairs in Florida.
Please	return all correspondence concerning this matter to the following:
	Peter Bailon
	Name of Person
	Bailon Law Office LLC
	Firm/Company
	2858 University Ave, #223
	Address
	Madison, WI 53705
	City/State and Zip Code
	peter@bailonlawoffice.com
	E-mail address: (to be used for future annual report notification)
For fu	rther information concerning this matter, please call:
Peter	Bailon 249-2650
	Name of Person Area Code Daytime Telephone Number
	Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303
Please	sed is a check for the following amount: make check payable to: FLORIDA DEPARTMENT OF STATE  0.00 Filing Fee \$\Bigcup \$78.75 Filing Fee & \$\Bigcup \$87.50 Filing Fee,\$ Certificate of Status Certified Copy Certificate of Status & Certified Copy

## APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

i name unava	ailable in Florida, enter alternate corporate name adopted for the purpose of transacting busing	ess in Florida)
	22.474000	
elaware	ntry under the law of which it is incorporated) (FEI number, if applicable)	
State or con	intry under the law of which it is incorporated) (1 E. hamber, if applicable)	
/27/2024	2010 of Incorporation) 5. (Date of duration if other than pe	metual)
,,	Date of Incorporation)  5. (Date of duration, if other than perfectly determined affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine	,
/A	Land Committee C	ne nenalty liah
ne first cond	dicted affairs in Florida it prior to registration. See sections 017.1301 & 017.1302, 1.35, to determine	ne penany man
10 SE 17th (	Court, Ocala, Florida 34471  (Principal office street address)	
	(Principal office street address)	
8 Liniversit	y Ave, #223, C/O Bailon Law Office LLC, Madison, WI 53705	
o Chiversit	(Current mailing address, if different)	
corvo ac a c	ocial welfare organization by promoting civic engagement within Muslim communities in the	: United States
serve as a s	ocial welfare organization by promoting civic engagement within Muslim communities in the	United States
serve as a s	ocial welfare organization by promoting civic engagement within Muslim communities in the corporation authorized in home state or country to be carried out in the state of Florida)	United States
	rect address of Florida registered agent: (P.O. Box NOT acceptable)	United States
me and <u>str</u>	reet address of Florida registered agent: (P.O. Box NOT acceptable)	ara EE9
ame and <u>str</u>	reet address of Florida registered agent: (P.O. Box NOT acceptable)	ara EE9
ime and <u>str</u>	Manal Fakhoury  3110 SE 17th Court	7 t- 433 076
ime and <u>str</u>	Manal Fakhoury  3110 SE 17th Court	7 t- 433 076
me and <u>str</u>	reet address of Florida registered agent: (P.O. Box NOT acceptable)	7 t- 433 076

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTOR	Name: Manal Fakhoury	□Chairman	Mohannad Malas			
□ Vice Chairman	Address: 3110 SE 17th Court	□Vice Chairman	Address: 3121 Michelson Dr Suite 510			
■ Director	Ocala, Florida 34471	■Director	Irvine, CA 92612			
□President	<del></del>	□President				
□Vice President		□Vice President				
☐ Secretary	□Treasurer	□ Secretary	□Treasurer			
■Other:	ficer   Other:	Initial Ofi ■Other:	icer Other:			
□Chairman	Name:	□Chairman	Name:			
□Vice Chairman	Address: 8645 Sentinae Chase Dr	□Vice Chairman	Address:			
■Director	Roswell, GA 30076	□Director				
□President		□President				
□Vice President		□Vice President				
□ Secretary	□Treasurer	☐ Secretary	□Treasurer			
■Other:	ficer   Other:	□Other:	Other:			
□Chairman	Name:	□Chairman	Name:			
□Vice Chairman	Address:	□ Vice Chairman	Address:			
□Director		□Director				
□President		□President				
□Vice President		□Vice President				
☐ Secretary	□Treasurer	□ Secretary	□Treasurer			
□Other:	Other:	Other:	Other:			
NOTE: Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only.  Non-indexed-individuals may be added to the index when filing your Florida Department of State Annual Report form.  Manual Fakhoury  Manual Fakhoury  (Typed or printed name and capacity of person signing application)						



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

DELAWARE, DO HEREBY CERTIFY "THE TABLE ACTION INC." IS DULY

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

STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS

OF THIS OFFICE SHOW, AS OF THE FIFTH DAY OF JANUARY, A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CORPORATION IS AN EXEMPT CORPORATION.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "THE TABLE ACTION INC." WAS INCORPORATED ON THE TWENTY-SEVENTH DAY OF DECEMBER, A.D. 2024.

Authentication: 202621259

Date: 01-05-25