

Division of Corporations

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**J34542**

**Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet**

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**\*RE-SUBMIT\***

**To:**  
Division of Corporations  
Fax Number : (850) 617-6380

**From:**  
Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5368

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

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**COR AMND/RESTATE/CORRECT OR O/D RESIGN  
COOL CARE, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

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TALLAHASSEE, FLORIDA  
CLERK OF STATE  
Attn: Annette Ramsey

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September 13, 2013

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

COOL CARE, INC.  
ATTN: LEGAL DEP'T.  
ONE DOLE DRIVE  
WESTLAKE VILLAGE, CA 91362US

SUBJECT: COOL CARE, INC.  
REF: J34542

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You will not be able to file new Articles of Merger superseding the previous merger. Please remove this sentence from the Articles of Merger.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Annette Ramsey  
Regulatory Specialist II

FAX Aud. #: H13000202957  
Letter Number: 013A00021649

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FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Cool Care, Inc.

Name of Corporation

**DOCUMENT NUMBER:** J34542

The enclosed Articles of Correction and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

**David Marote, Senior Corp. Paralegal**

Name of Contact Person

**Dole Food Company, Inc.**

Firm/Company

**One Dole Drive**

Address

**Westlake Village, CA 91362**

City/State and Zip Code

**david.marote@dole.com**

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

For further information concerning this matter, please call:

**David Marote**

Name of Contact Person

at ( **818** ) **879-6760**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$35.00 Filing Fee

☐ \$43.75 Filing Fee & Certificate of Status

☒ \$43.75 Filing Fee & Certified Copy

☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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**ARTICLES OF CORRECTION**

For

**COOL CARE, INC.**

Name of Corporation as currently filed with the Florida Dept. of State

**J34542**

Document Number (if known)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Pursuant to the provisions of Section 607.0124 or 617.0124, Florida Statutes, this corporation files these Articles of Correction within 30 days of the file date of the document being corrected.

These articles of correction correct **Articles of Merger**

(Document Type Being Corrected)

filed with the Department of State on **August 28, 2013**

(File Date of Document)


Specify the inaccuracy, incorrect statement, or defect:

**The Articles of Merger incorrectly named Diversified Imports Co., a Nevada corporation, as a party to the merger.**

Correct the inaccuracy, incorrect statement, or defect:

**Diversified Imports Co. should be removed as a party to the merger.**

**The only parties thereto should be Cool Care, Inc., a Florida corporation, and Dole Holdings, Inc., a Nevada corporation.**



(Signature of a director, president or other officer - If directors or officers have not been selected by an incorporator - it is the hands of the receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

**Jeffrey B. Conner**

(Typed or printed name of person signing)

**VP & Ass't. Sec'y.**

(Title of person signing)

**Filing Fee: \$35.00**