

LOS 0000000842

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

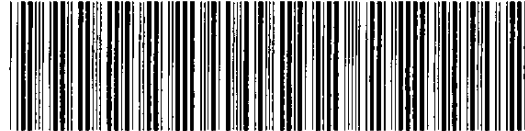
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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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JAN 07 2008
EXAMINER

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



PENSON & DAVIS, P.A.
ATTORNEYS

www.pensonanddavis.com

ALBERT C. PENSON
MARY ELLEN DAVIS
JENNIFER L. SWEETING
DONNA S. BIGGINS
ADAM R. COWHEY

January 7, 2008
VIA HAND DELIVERY

Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Corrected Articles of Organization of SWIFT SOUP, LLC

Dear Sir or Madam:

Enclosed are an original and one copy of the Articles of Correction of Swift Soup, LLC. Also enclosed is a check in the amount of \$55.00 representing the \$25.00 filing fee and \$30.00 for the certified copy.

Please call me at (850) 561-8000 when this filing is complete so that I may send our runner to pick it up.

Thank you for your assistance in this matter and please feel free to contact me should you have any questions regarding this matter.

Sincerely,

Patty Ryan, Paralegal to
Albert C. Penson

par
Enclosure(s)

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SECRETARY
TALLAHASSEE, FLORIDA
2810 REMINGTON GREEN CIRCLE
TALLAHASSEE, FLORIDA 32308
TEL (850) 561-8000 FAX (850) 561-8036
☒ P.O. BOX 1720 17 HIGH DRIVE SUITE 100
CRAWFORDVILLE, FLORIDA 32316
TEL (850) 926-6003 FAX (850) 926-6004

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SWIFT SOUP, LLC

(Name of Limited Liability Company)

Dear Sir or Madam:

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

Please return all correspondence concerning this matter to the following:

Albert C. Penson

(Name of Person)

Penson & Davis, P.A.

(Firm/Company)

2810 Remington Green Circle

(Address)

Tallahassee, Florida 32308

(City/State and Zip Code)

For further information concerning this matter, please call:

Albert C. Penson

(Name of Person)

at (850) 561-8000

(Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☒ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 608.4115, F.S., this document is being submitted **within the required 30 business days** to correct the **attached** articles of organization or application to transact business in Florida.

FIRST: The name of the limited liability company is:
SWIFT SOUP, LLC

SECOND: The articles of organization or the application to transact business

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)

- ☒ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

The company name was transposed, the correct name of the company is SOUP SWIFT, LLC.

OR

- ☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

Dated: January 7, 2008



Signature of a member or authorized representative of a member

Albert C. Penson

Typed or printed name of signee

Filing Fee: **\$25.00**
Certified Copy: **\$30.00 (optional)**

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION

SWIFT SOUP, LLC

A LIMITED LIABILITY COMPANY

(Pursuant to Chapter 608, Florida Statutes)

1. **Name.** The name of the limited liability company is:

SWIFT SOUP, LLC

2. **Purpose.** The purpose of this limited liability company may include the transaction of any and all lawful business for which limited liability companies may be organized in the state of Florida.

3. **Address of Principal Office.** The street address of the principal office of the limited liability company is:

2510 Miccosukee Road
Suite C
Tallahassee, Florida 32308

4. **Mailing Address.** The mailing address of the limited liability company is:

2510 Miccosukee Road
Suite C
Tallahassee, Florida 32308

5. **Members at Time of Formation.** The name of each member at the time of formation:

MEAGAN LAGASSEE
304 Vantage Point Lane
Apt. 47
Tallahassee, Florida 32301

HARM VAN DER LEI
304 Vantage Point Lane
Apt. 47
Tallahassee, Florida 32301

6. **Period of Duration.** The period of duration shall be perpetual.

7. **Management.** Management of the Limited Liability Company at the time of formation is

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reserved for the member(s).

8. **Registered Agent, Registered Office, and Registered Agents Signature.** The name and the Florida Street address of the registered agent are:

Albert C. Penson
2810 Remington Green Circle
Tallahassee, Florida 32308

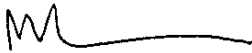
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this Certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.



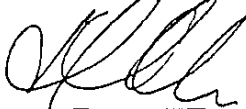
Albert C. Penson

9. **Effective Date.** The effective date of the limited liability company shall be:

January 3, 2008



MEAGAN LAGASSE, Member



HARM VAN DER LEI, Member

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true and correct.)