

LI0000069657

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

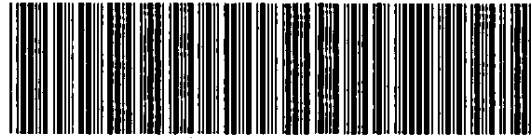
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10 JUN 18 PM 2:30
SECRETARY OF STATE
TALLAHASSEE FLORIDA

D. BRUCE
JUN 21 2010
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: A MIDSUMMER NIGHT'S DREAM, 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:

POLLY S. SAMPSON
Name of Person

WEST & FEINBERG, P.C.
Firm/Company

4550 MONTGOMERY AVENUE, SUITE 775N
Address

BETHESDA, MARYLAND 20814
City/State and Zip Code

psampson@wflaw.com
E-mail address: (to be used for future annual report notification)

FILED
10 JUN 18 PM 30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

POLLY S. SAMPSON at (301) 951-1500
Name of Person 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.

**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:
A MIDSUMMER NIGHT'S DREAM, 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 NAME AND ADDRESS OF THE MANAGING MEMBERS/MANAGERS ARE:

ERIC S. SIEGEL MGR
14209 WOODCREST DRIVE
ROCKVILLE, MD 20853

WILLIAM G. SIEGEL MGR
14209 WOODCREST DRIVE
ROCKVILLE, MD 20853



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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
JUN 18 PM 3:30

FILED

Dated: JUNE 17 , 2010

Eric S. Siegel

Signature of a member or authorized representative of a member

ERIC S. SIEGEL, AUTHORIZED REPRESENTATIVE

Typed or printed name of signee

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

**ARTICLES OF CORRECTION
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(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 NAME AND ADDRESS OF THE MANAGING MEMBERS/MANAGERS ARE:

ERIC S. SIEGEL MGR
14209 WOODCREST DRIVE
ROCKVILLE, MD 20853

WILLIAM G. SIEGEL MGR
14209 WOODCREST DRIVE
ROCKVILLE, MD 20853

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

Dated: JUNE 17, 2010

Eric S. Siegel
Signature of a member or authorized representative of a member

ERIC S. SIEGEL, AUTHORIZED REPRESENTATIVE

Typed or printed name of signee

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

10 JUN 18 PM 2:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

**Electronic Articles of Organization
For
Florida Limited Liability Company**

L10000062657
FILED 8:00 AM
June 11, 2010
Sec. Of State
gharvey

Article I

The name of the Limited Liability Company is:
A MIDSUMMER NIGHT'S DREAM, LLC

Article II

The street address of the principal office of the Limited Liability Company is:
131 WATERS EDGE DRIVE
JUPITER, FL. 33477

The mailing address of the Limited Liability Company is:
14209 WOODCREST DRIVE
ROCKVILLE, MD. 20853

Article III

The purpose for which this Limited Liability Company is organized is:
ANY AND ALL LAWFUL BUSINESS.

Article IV

The name and Florida street address of the registered agent is:
SALLY R SIEGEL
131 WATERS EDGE DRIVE
JUPITER, FL. 33477

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.

Registered Agent Signature: SALLY R. SIEGEL

Article V

The name and address of managing members/managers are:

Title: MGRM
MARC WAYNE SIEGEL SPECIAL TRUST
14209 WOODCREST DRIVE
ROCKVILLE, MD. 20853

Title: MGRM
NANCY E. SIEGEL SPECIAL TRUST
14209 WOODCREST DRIVE
ROCKVILLE, MD. 20853

Title: MGRM
ERIC S. SIEGEL SPECIAL TRUST
14209 WOODCREST DRIVE
ROCKVILLE, MD. 20853

Signature of member or an authorized representative of a member

Signature: ERIC S. SIEGEL

L10000062657
FILED 8:00 AM
June 11, 2010
Sec. Of State
gharvey