

L14000019747

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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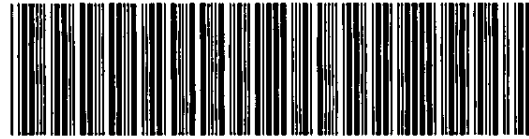
(Business Entity Name)

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STATE OF ALABAMA

B. EDDYCK

FEB - 7 2014

EXAMINER

COVER LETTER

TO: Registration Section,
Division of Corporations

SUBJECT: MIDEAL FOOD SERVICE LLC
Name of Limited Liability Company

Dear Sir or Madam:

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

Please return all correspondence concerning this matter to the following:

DANILO ARSENIJEVITH

Name of Person

MIDEAL FOOD SERVICE LLC

Firm/Company

1462 SPRUCE AVENUE

Address

ORLANDO, FL 32824

City/State and Zip Code

arsenidan@gmail.com

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

For further information concerning this matter, please call:

Danilo Arsenijevith at 973 204-6979
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

CR2E062 (12/13)

FILED
2014 FEB -6 P 5:02
TALLAHASSEE, FLORIDA

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

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

FIRST: The name of the limited liability company is:

MIDEAL FOOD SERVICE LLC

L14-19747

SECOND: Document to be corrected is:

ARTICLES OF INCORPORATION

(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:

1) Name of MGR: "Jimenez Jimenez", last name was repeated, it shall be: "Manuel Jimenez".

2) Effective date: "03/01/2014", typing mistake, it shall be: "02/03/2014"

OR

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

OR

☐ The electronic transmission of the record was defective.

Signature of Authorized Representative

Date

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