L16000185127

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

10/6/16

MacElree Harvey
SINCE 1880
INITIATIVE IN PRACTICE

MacElree Harvey, Ltd.
Attorneys at Law
17 West Miner Street
West Chester, PA 19382
610-436-0100 | main
610-429-4486 | fax
macelree.com

Jessica K. Stubblebine
jstubblebine@macelree.com
d | 610-840-0236
f | 610-429-4486

October 4, 2016

via overnight mail

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

RE: Treasure Coast Mushrooms, LLC | Articles of Organization

Dear Sir or Madam:

Enclosed for filing with the Florida Division of Corporations please find Articles of Organization for Treasure Coast Mushrooms, LLC, together with a check in the amount of $125.00. Kindly file the same and return a date-stamped copy to my attention as soon as you are able.

Of course, as always, I am available for any questions, so please do not hesitate to reach out.

Sincerely,

Jessica K. Stubblebine
Legal Assistant

/jks
Enclosures
cc: Harry J. DiDonato, Esquire

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202034.62575

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Treasure Coast Mushrooms, LLC
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Harry J. DiDonato, Esquire
Name of Person

MacElree Harvey, Ltd.
Firm/Company

17 West Miner Street, PO Box 660
Address

West Chester, PA 19381-0660
City/State and Zip Code

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

For further information concerning this matter, please call:

Jessica K. Stubblebine at (610) 840-0234
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☑ $125.00 Filing Fee ☐ $130.00 Filing Fee & Certificate of Status ☐ $155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ $160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

Treasure Coast Mushrooms, LLC
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
3478 Federal Highway 1 Unit #1 Fort Pierce, FL 34982	PO Box 652 Kennett Square, PA 19348

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

CT Corporation System
Name

1200 South Pine Island Road
Florida street address (P.O. Box NOT acceptable)

Plantation FL 33324
City Zip

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TALLAHASSEE FLORIDA

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 605, F.S..

Maria T. Chambers
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Maria T. Chambers
Special Assistant Secretary

ARTICLE IV-
The name and address of each person authorized to manage and control the Limited Liability Company:

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	Jeffrey D. Guest 609 Cope Road Kennett Square, PA 19348
AMBR	Louis J. Caputo 609 Cope Road Kennett Square, PA 19348
AMBR	Rafi Soofie-Sivash 609 Cope Road Kennett Square, PA 19348

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Jeffrey D. Guest

Signature of a member or an authorized representative of a member.
(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Jeffrey D. Guest
Typed or printed name of signee

Filing Fees:

$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
$ 30.00 Certified Copy (Optional)
$ 5.00 Certificate of Status (Optional)

FILED
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SECRETARY OF STATE
TALLAHASSEE FLORIDA