

L16000185127

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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10/05/16--01020--004 **125.00

16 OCT -5 AM 9:51
SECRETARY OF STATE
TALLAHASSEE FLORIDA

my 10/6/16



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

October 4, 2016

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

via overnight mail

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

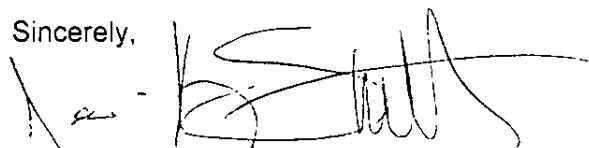
RE: Treasure Coast Mushrooms, LLC | Articles of Organization

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

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

Name of Person

at (610)

Area Code

840-0234

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 1PO Box 662Unit #1Kennett Square, PA 19348Fort Pierce, FL 34982

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 RoadFlorida street address (P.O. Box NOT acceptable)Plantation

City

FL 33324

Zip

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.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

Maria T. Chambers
Special Assistant Secretary16 OCT -5 AM 9:51
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBRName and Address:Jeffrey D. Guest608 Cope RoadKennett Square, PA 19348AMBRLouis J. Caputo608 Cope RoadKennett Square, PA 19348AMBRRafi Scofie-Sivash608 Cope RoadKennett 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 signer

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)