

L116000185127

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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2017 MAR -7 P 12:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. BRUCE
MAR 08 2017



INITIATIVE IN PRACTICE™

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

Harry J. DiDonato
hddonato@macelree.com
d | 610-840-0237
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March 2, 2016

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

Attention: Deborah Bruce, Regulatory Specialist II

**RE: Treasure Coast Mushrooms, LLC - Articles of Correction
Document No. L16000185127**

Dear Ms. Bruce:

Enclosed please find a Statement of Correction for Treasure Coast Mushrooms, LLC, which I am resubmitting for filing, as well as a copy your letter of explanation. Kindly file the Statement of Correction and return a date-stamped copy to my attention as soon as you are able.

Please call me with any questions or concerns.

Sincerely,


Harry J. DiDonato

HJD/kk
Enclosures

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2017 MAR -7 P 12:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FEB 23 2017

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 14, 2017

HARRY J. DIDONATO, ESQ.
MACELREE HARVEY, LTD.
17 WEST MINER STREET, PO BOX 660
WEST CHESTER, PA 19381-0660

SUBJECT: TREASURE COAST MUSHROOMS, LLC
Ref. Number: L16000185127

We have received your document for TREASURE COAST MUSHROOMS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce
Regulatory Specialist II

Letter Number: 617A00002944

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2017 MAR -7 P 12:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
2017 MAR -8 PM 12:37
TALLAHASSEE, FLORIDA

February 6, 2017

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

Attention: Deborah Bruce, Regulatory Specialist II

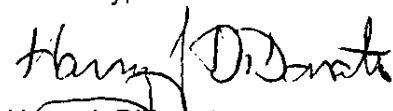
**RE: Treasure Coast Mushrooms, LLC | Articles of Correction
Document No. L16000185127**

Dear Ms. Bruce:

Enclosed please find a Statement of Correction for Treasure Coast Mushrooms, LLC, which I am resubmitting for filing, as well as a copy of the original submission, and your letter to me enclosing the proper forms. Kindly file the same and return a date-stamped copy to my attention as soon as you are able.

Please call me with any questions or concerns.

Sincerely,



Harry J. DiDonato

HJD/kk
Enclosures

RECEIVED
2017 FEB 14 PM 3:29
STATE DEPT OF STATE
TALLAHASSEE, FLORIDA

FILED
2017 MAR -7 P 12:51
STATE DEPT OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 21, 2016

HARRY J. DIDONATO, ESQ.
MACELREE HARVEY, LTD.
17 WEST MINER ST
WEST CHESTER, PA 19381-0660

SUBJECT: TREASURE COAST MUSHROOMS, LLC
Ref. Number: L16000185127

We have received your document for TREASURE COAST MUSHROOMS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce
Regulatory Specialist II

Letter Number: 716A00024890

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2017 MAR -7 P 12:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Treasure Coast Mushrooms, 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:

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

hdidonato@macelree.com

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

For further information concerning this matter, please call:

Harry J. DiDonato

Name of Person

at (610)

Area Code

840-0237

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 (9/15)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2017 MAR -7 P 12:51

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**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: Treasure Coast Mushrooms, LLC

SECOND: The Florida Document number of the limited liability company is: L16000185127

THIRD: Document to be corrected is: Articles of Organization

(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:

As filed, the Articles of Organization name "Raf1 Soofle-Slvash" as one of the
Authorized Members. The name is correctly spelled "Rafi Soofi-Siavash."

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

Signature of new registered agent, if applicable: (NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation).

New Registered Agent's Signature, if changing Registered Agent:

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 relative 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. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Registered Agent's Signature

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

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2017 MAR -7 P 12:51
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TALLAHASSEE, FLORIDA