

m13000002108

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5368

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
BIORECLAMATION, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

RECEIVED  
13 APR 16 AM 6:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

2013 APR 16 AM 8:40

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Electronic Filing Menu

Corporate Filing Menu

Help

B. BOSTICK

APR 17 2013

EXAMINER

4/15/2013

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Bioreclamation, 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:

Amy Stuart  
\_\_\_\_\_  
*Name of Person*

Ice Miller LLP  
\_\_\_\_\_  
*Firm/Company*

One American Square, Suite 2900  
\_\_\_\_\_  
*Address*

Indianapolis, IN 46282  
\_\_\_\_\_  
*City/State and Zip Code*

amy.stuart@icemiller.com  
\_\_\_\_\_  
*E-mail address: (to be used for future annual report notification)*

For further information concerning this matter, please call:

Amy Stuart at ( 317 ) 221-2862  
\_\_\_\_\_  
*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 (08/05)

FILED  
2013 APR 16 AM 8:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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:  
Bioreclamation, LLC

M13000002108

**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:

Incorrect Statement: Item 8. If limited liability company is a manager-managed company, check here  
was checked. Item 8 should not be checked as the entity is member-managed.

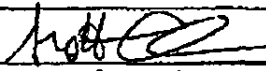
**OR**

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

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ALLAHASSEE, FLORIDA

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Dated: April 15 2013

  
Signature of a member or authorized representative of a member  
Scott Alson

Typed or printed name of signee

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

CR2E062 (08/05)