

L10UWU00876

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

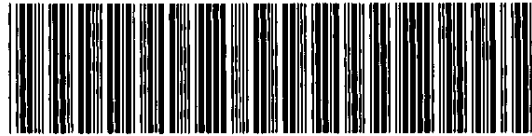
(Business Entity Name)

(Document Number)

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 FEB - 8 PM 4: 43

B. KOHR

FEB 18 2010

EXAMINER

COVER LETTER

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 FEB -8 PM 4:43

TO: Registration Section
Division of Corporations

SUBJECT: CASTOR+POLLUXX 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:

AYSHE KADIR

Name of Person

THE MIDAS GROUP LLC

Firm/Company

19946 RIVERSIDE DR

Address

JUPITER, FL 33469

City/State and Zip Code

INFO@THEMIDASGROUP.US

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

For further information concerning this matter, please call:

AYSHE KADIR

Name of Person

at 561

Area Code & Daytime Telephone Number

427 1320

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Chilton Building
3681 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 STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
10 FEB -8 PM 4:44

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:
CASTOR+POLLUX LLC

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:
EFFECTIVE DATE OF THE FILING SHOULD BE FEBRUARY 1ST 2010

OR

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

Dated: 5TH FEBRUARY 2010

/s/ Ayshe Kadir
Signature of a member or authorized representative of a member

AYSHE KADIR
Typed or printed name of signee

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

**Electronic Articles of Organization
For
Florida Limited Liability Company**

L10000000876
FILED 8:00 AM
January 05, 2010
Sec. Of State
Isellers

Article I

The name of the Limited Liability Company is:

CASTOR+POLLUXX LLC

Article II

The street address of the principal office of the Limited Liability Company is:

19946 RIVERSIDE DRIVE
JUPITER, FL. US 33469

The mailing address of the Limited Liability Company is:

19946 RIVERSIDE DRIVE
JUPITER, FL. US 33469

Article III

The purpose for which this Limited Liability Company is organized is:

ANY AND ALL LAWFUL BUSINESS.

Article IV

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

AYSHE KADIR
19946 RIVERSIDE DRIVE
JUPITER, FL. 33469

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.

Registered Agent Signature: AYSHE KADIR

Article V

The name and address of managing members/managers are:

Title: MGRM
HEATHER GOODMAN
19946 RIVERSIDE DRIVE
JUPITER, FL. 33469 US

L10000000876
FILED 8:00 AM
January 05, 2010
Sec. Of State
Isellers

Article VI

The effective date for this Limited Liability Company shall be:

12/31/2009

Signature of member or an authorized representative of a member

Signature: AYSHE KADIR