12900017057

(Re	equestor's Name)		
(Ac	ddress)		
(Ac	ddress)		
(Ci	ty/State/Zip/Phone	· #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	usiness Entity Nam	ne)	
(Do	ocument Number)		
•			
Certified Copies	Certified Copies Certificates of Status		
Special Instructions to	Filing Officer:		
<u> </u>			

Office Use Only

G. MCLEOD

MAR - 6 2009

EXAMINER



400144916544

03/05/09--01021--019 **25.00

09 MAR -5 PM 12: 02

SECRETARY OF STATES DIVISION OF SOLUTION

COVER LETTER

Division of Corporations	
SUBJECT: KMS COMMODITES LLC	
(Name of Limited Li	ability 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 th	e following:
DARYL HALL	
(Name of Person)	
TAX RESOURCE CENTER OF FLORIDA	
(Firm/Company)	
1000 N HIATUS RD STE 120	
(Address)	
PEMBROKE PINES, FL 33026	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
DARYL HALL at (_	
(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 & □ \$55 Fili Certificate of Status	

ARTICLES OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 608.4115, F.S., this document is being submitted <u>within the required 30</u> <u>business days</u> to correct the <u>attached</u> articles of organization or application to transact business in Florida.

	MMODITES LLC		
<u>ECO</u>	ND: The articles of organization or the application to transact business		
<u>(CH</u>	ECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE	<u>STATEMENT</u>	
	Contains an incorrect statement. The incorrect statement, the reason the incorrect, and the corrected statement are as follows:	statement is	
	THE NAME WAS SPELLED INCORRECTLY WHEN REGISTERED. THE CORRE	ECT SPELLING IS	_
	KMS COMMODITIES LLC . A SINGLE LETTER WAS NOT INCLUDED		
			•
	<u>OR</u>		-
	OR Was defectively signed. The manner in which the document was defectively appropriate correction are as follows:	vely signed and	-
	Was defectively signed. The manner in which the document was defectively		- 0
	Was defectively signed. The manner in which the document was defectively		
	Was defectively signed. The manner in which the document was defectively		
	Was defectively signed. The manner in which the document was defectively	09 MAR -5 PM	
	Was defectively signed. The manner in which the document was defectively the appropriate correction are as follows:	09 MAR -5 PM 12:	
	Was defectively signed. The manner in which the document was defectively	09 MAR -5 PM	
	Was defectively signed. The manner in which the document was defectively the appropriate correction are as follows: MARCH 3 Maletto	09 MAR -5 PM12: 02	
	Was defectively signed. The manner in which the document was defectively the appropriate correction are as follows: MARCH 3 March 3 Signature of a member or authorized representative of a member	09 MAR -5 PM12: 02	CITION OF ST. 19 AND 19
	Was defectively signed. The manner in which the document was defectively the appropriate correction are as follows: MARCH 3 Maletto	09 MAR -5 PM12: 02	

Certified Copy:

\$30.00 (optional)

Electronic Articles of Organization For Florida Limited Liability Company

L09000017057 FILED 8:00 AM February 20, 2009 Sec. Of State btadlock

Article I

The name of the Limited Liability Company is: KMS COMMODITES LLC

Article II

The street address of the principal office of the Limited Liability Company is:
600 N UNIVERSITY DRIVE
CORAL SPRINGS, FL. US 33071

The mailing address of the Limited Liability Company is:

600 N UNIVERSITY DRIVE CORAL SPRINGS, FL. US 33071

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:

TAX RESOURCE CENTER OF FLORIDA 1000 N HIATUS ROAD 120 PEMBROKE PINES, FL. 33026

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: DARYL HALL

Article V

The name and address of managing members/managers are:

Title: P HANCY SENATUS 600 N UNIVERSITY DRIVE CORAL SPRINGS, FL. 33071 US

Title: VP HENRY MALETTE 2453 SW 132 WAY DAVIE, FL. 33325 US

Title: MGRM KENNY TANG 600 N UNIVERSITY DRIVE CORAL SPRINGS, FL. 33071 US

Article VI

The effective date for this Limited Liability Company shall be: 02/19/2009

Signature of member or an authorized representative of a member Signature: DARYL HALL

L09000017057 FILED 8:00 AM February 20, 2009 Sec. Of State btadlock