

L10000077923



200183634062

08/04/10--01018--017 \*\*25.00

(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:

L. SELLERS  
AUG 6 2010  
EXAMINER

Office Use Only

FILED  
10 AUG -4 AM 10:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Smatki Pumps USA, 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:

Kyle Kelley  
Name of Person

Kelley & Associates, LLC  
Firm/Company

30 Skyline Dr. # 200  
Address

Lake Mary, FL 32746  
City/State and Zip Code

marisol@kylekelley.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kyle Kelley at ( 407 ) 982-4580  
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

**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: Shatki Pumps USA, 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:

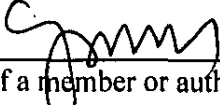
↓

name should be: \* Shatki Pumps USA, LLC  
mispelled the name on accident please  
change to Shatki Pumps USA, LLC

**OR**

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

Dated: 7/30/2010

  
Signature of a member or authorized representative of a member

Kyle Kelly, Kelly & Assoc. LLC  
Typed or printed name of signee

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

**FILED**  
10 AUG -4 AM 10: 06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA