

L11000087753

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

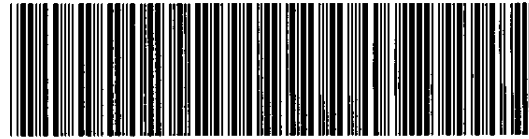
(Business Entity Name)

(Document Number)

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11 AUG 12 PM 2:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. BRYAN

AUG 15 2011

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: King Midas Sea Food 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:

Leon Trammell

Name of Person

King Midas Seafood LLC

Firm/Company

2856 Hurlingham Drive

Address

Wellington, FL 33414

City/State and Zip Code

dssilver4@aol.com

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

For further information concerning this matter, please call:

Steven Silverman

Name of Person

at ( 954 )

557-7614

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)

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11 AUG 12 PM 2:48  
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:  
   King Midas Sea Food LLC

L11000087753

**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:

1) The Correct name of the LLC is "King Midas Seafood LLC" . 2) The MGR

is Trammell Investments LLC, not Leon Trammell. 3) MFRM name is spelled

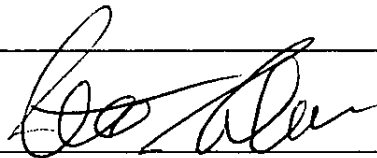
Frank Choriego. NO Change in Address.

**OR**



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

Dated: \_\_\_\_\_

 8/8/11

\_\_\_\_\_  
Signature of a member or authorized representative of a member

\_\_\_\_\_  
Steven Silverman

\_\_\_\_\_  
Typed or printed name of signee

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

**FILED**  
11 AUG 12 PM 2:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

L11000087753  
FILED 8:00 AM  
August 01, 2011  
Sec. Of State  
gmcleod

**Article I**

The name of the Limited Liability Company is:  
KING MIDAS SEA FOOD LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:  
2856 HURLINGHAM DRIVE  
WELLINGTON, FL. 33414

The mailing address of the Limited Liability Company is:  
2856 HURLINGHAM DRIVE  
WELLINGTON, FL. 33414

**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:  
LEON TRAMMELL  
2856 HURLINGHAM DRIVE  
WELLINGTON, FL. 33414

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: LEON TRAMMELL

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11 AUG 12 PM 2:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

### Article V

The name and address of managing members/managers are:

Title: MGR  
LEON TRAMMELL  
2856 HURLINGHAM DRIVE  
WELLINGTON, FL. 33414

Title: MGRM  
FRANK CHORICGO  
9796 SW 40TH STRET  
TOWANDS, KS. 67144

L11000087753  
FILED 8:00 AM  
August 01, 2011  
Sec. Of State  
gmcleod

### Article VI

The effective date for this Limited Liability Company shall be:

08/01/2011

Signature of member or an authorized representative of a member

Electronic Signature: LEON TRAMMELL

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

FILED  
14 AUG 12 PM 2:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA