

L14000008173

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TALLAHASSEE FLORIDA

FEB 28 2014  
D. BRUCE

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** **KEYRISE SOLUTIONS LLC**

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**Francois Fournier**

Name of Person

Firm/Company

**22813 Calico Jack Circle**

Address

**Cudjoe Key, FL 33042**

City/State and Zip Code

**francis@plcusa.net**

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

For further information concerning this matter, please call:

**Francois Fournier**

Name of Person

at ( **312** )

Area Code

**543-6049**

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 (12/13)

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2014 FEB 27 PM 1:03  
TALLAHASSEE FLORIDA

**STATEMENT OF CORRECTION  
FOR  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

**FIRST:** The name of the limited liability company is:  
KEYRISE SOLUTIONS LLC

**SECOND:** Document to be corrected is:  
Articles of Organization

**(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:

The name of the person authorized to manage LLC was incorrectly stated as:

PLC USA INC.

The name should be amended to read:

Francois Fournier

**OR**

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OR**

- ☐ The electronic transmission of the record was defective.

*Francois Fournier*  
Signature of Authorized Representative

2-25/2014  
Date

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

FILED  
2014 FEB 27 PM 1:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA