

MI1000005898

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

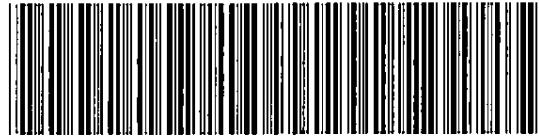
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000441638480

FILED
2025 JAN -2 AM 10:10
TALLAHASSEE, FLORIDA

2025 JAN -2 PM 2:09



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 3, 2025

CSC

RESUBMIT
Please give original
submission data as file date.

SUBJECT: FREEPOINT COMMODITIES LLC
Ref. Number: M11000005898

We have received your document for FREEPOINT COMMODITIES LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA LIMITED LIABILITY COMPANY, but your entity is a FOREIGN LIMITED LIABILITY COMPANY. ~~Please complete and return the enclosed blank form(s).~~

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan
Regulatory Specialist III

Letter Number: 125A00000152

RECEIVED
2025 JAN 10 PM 3:17
FLORENCE, ALA



CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext: x61563

To: Department Of State, Division Of Corporations
From: Shauna Godbolt
Ext: x61563
Date: 01/02/25
Order #: 1753937-1
Re: Freepoint Commodities LLC
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Supporting Documents

Amount to be deducted from our State Account: \$60- FL State Account Number:
I20000000195

A handwritten signature in black ink, appearing to read "Shauna Godbolt", is written over the text of the enclosed documents.

Please take the following action:
File in your office on basis
Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Freepoint Commodities LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Nan Swan
Name of Person

Freepoint Commodities LLC
Firm/Company

58 Commerce Rd
Address

Stamford, CT 06902
City/State and Zip Code

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

For further information concerning this matter, please call:

Nan Swan at 203 585-7787
Name of Person Area Code & Daytime Telephone Number

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

CR2E055 (9/15)

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Freepoint Commodities LLC

Enter new principal office address, if applicable: _____

(Principal office address
MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: _____

(Mailing address
MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M11000005898

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: November 22, 2011

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____
Enter Florida Street Address

_____, Florida _____
City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

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7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:
Managers

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Frank P. Gallipoli	58 Commerce Rd	<input type="checkbox"/> Add
		Stamford, CT 06902	<input checked="" type="checkbox"/> Remove
MGR	Charles A. Davis	58 Commerce Rd	<input type="checkbox"/> Add
		Stamford, CT 06902	<input checked="" type="checkbox"/> Remove
MGR	David J. Wermuth	58 Commerce Rd	<input type="checkbox"/> Add
		Stamford, CT 06902	<input checked="" type="checkbox"/> Remove
MGR	Nicolas D. Zerblb	58 Commerce Rd	<input type="checkbox"/> Add
		Stamford, CT 06902	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Nan Swan
Signature of the authorized representative

Nan Swan

Typed or printed name of signee

Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA