

BD6000000315

(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

8/15

FOR LP

Office Use Only



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SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 AUG 11 PM 3:58

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Retail Support Services, LP
(Name of Foreign Limited Partnership or Limited Liability Limited Partnership)

The enclosed application, certificate of status and fees are submitted to register a foreign limited partnership or limited liability limited partnership to transact business in Florida. Please return all correspondence concerning this matter to:

Debbie Wilson
(Contact Person)

Retail Support Services
(Firm/Company)

2571 Saradan Drive
(Address)

Jackson, Michigan 49202
(City, State and Zip Code)

(517) 784-7163 x127

For further information concerning this matter, please call:

Mike Simon at (616) 318-7151
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

| | | | |
|---|---|---|--|
| <input type="checkbox"/> \$1,000.00 Filing Fees (\$965 Filing Fee and \$35 Registered Agent Fee) | <input type="checkbox"/> \$1,008.75 Filing Fees and Certificate of Status | <input type="checkbox"/> \$1,052.50 Filing Fees and Certified Copy | <input checked="" type="checkbox"/> \$1,061.25 Filing Fee, Certified Copy, and Certificate of Status |
|---|---|---|--|

STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

**APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR
LIMITED LIABILITY LIMITED PARTNERSHIP
TO TRANSACT BUSINESS IN FLORIDA**

1. Retail Support Services, L.P.

(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)

Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.

Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.

(If name unavailable, name under which the limited partnership or limited liability limited partnership proposes to register to transact business in Florida; must contain acceptable suffix.)

2. Delaware

(State or Country of Formation)

3. 6/9/04

(Date of Formation)

4. Mike Simon

(Name of Registered Agent for Service of Process)

5. 529 S. Industry Rd., Cocoa, Florida 32926

(Florida street address for Registered Agent)

6. 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.

Mike Simon

Signature of Registered Agent

7. 2571 Saradan Dr., Jackson, Michigan 49202

(Principal office address)

8. If limited partnership is a limited liability limited partnership, check box ☐

9. 2571 Saradan Dr., Jackson, Michigan 49202
(Mailing address)

10. Name, principal office address, and mailing address of each general partner:

John Swett
(Name)

2571 Saradan Dr.
(Street Address)
Jackson, Michigan 49202

2571 Saradan Dr.
(Mailing Address)
Jackson, Michigan 49202

Michael Simon
(Name)

2571 Saradan Dr.
(Street Address)
Jackson, Michigan 49202

2571 Saradan Dr.
(Mailing Address)
Jackson, Michigan 49202

(Name)

(Street Address)

(Mailing Address)

(Name)

(Street Address)

(Mailing Address)

| | |
|--------|-------------------|
| _____ | _____ |
| (Name) | (Street Address) |
| _____ | _____ |
| _____ | (Mailing Address) |
| _____ | _____ |
| (Name) | (Street Address) |
| _____ | _____ |
| _____ | (Mailing Address) |
| _____ | _____ |


11. Effective date, if other than the date of filing: _____.

(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

12. Attached is a certificate of existence duly authenticated, not more than 90 days prior to the delivery of this application to the Florida Department of State, by the Secretary of State or other official having custody of the entity's records in the jurisdiction under the law of which it is organized.

Signed this 31st day of July, 20 06.

Signature of a general partner:



| | |
|--|--|
| Filing Fees: | \$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee) |
| Certified Copy (optional): | \$52.50 |
| Certificate of Status (optional): | \$8.75 |

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "RETAIL SUPPORT SERVICES, L.P." IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRD DAY OF AUGUST, A.D. 2006.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 AUG 11 PM 3:58



Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

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AUTHENTICATION: 4950692

DATE: 08-03-06