

W4000083701

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

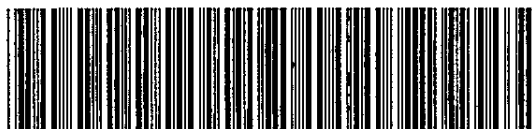
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tsprankle@maguire-schneider.com

**Maguire &
Schneider, LLP**

Fax

To: Kim Porter	From: T. Sprankle
Fax: 568-272-8084	Pages: 4
Phone:	Date: 11/9/2004
Re: New Florida LLC	CC:

☒ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

● **Comments:** Following are the forms to for a Florida Limited Liability Company. I have checked the box requesting a Certificate of Status be mailed to you – the fee is \$130.00. If you would like a certified copy of the Articles, you will need to check the box, pay the additional fee and include both the original and a copy when sending to the Registration Section address. You should send the fee on either a corporate check or with a cashier's check/money order.

As a Florida LLC, you will need to file an annual report. The state will send you a post card reminder with a document number to use with your filing. This filing can be completed on-line. Additionally, we should get a new FEIN – this can be accomplished on-line if I have your social security number.

Once we have your business entity set up, we will need to register with the Florida Dept of Revenue.

If you have any questions, please give me a call.

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Retro Enterprises, LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kimberly S. Porter
(Name of Person)

Retro Enterprises, LLC
(Firm/Company)

7777 N. Wickham Rd. 12-305
(Address)

Melbourne, FL 32940
(City/State and Zip Code)

For further information concerning this matter, please call:

Tricia Sprankle at (614) 241-2336
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input checked="" type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|---|---|

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Retrop Enterprises, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

716 Fairway Dr.
Melbourne, FL 32940

Mailing Address:

7777 N. Wickham Rd.
Box #12-305
Melbourne, FL 32940

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

Kimberly S. Porter

Name

716 Fairway Dr.

Florida street address (P.O. Box NOT acceptable)

Melbourne, FL 32940

FL

City, State, and Zip

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 as provided for in Chapter 608, F.S.



Registered Agent's Signature

(CONTINUED)

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ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Kimberly Porter

716 Fairway Dr.

Melbourne, FL 32940

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Kimberly S. Porter

Typed or printed name of signer

Filing Fees:

**\$125.00 Filing Fee for Articles of Organization and Designation
of Registered Agent**

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)