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Florida Department of State  
Division of Corporations  
Public Access System

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Counte

## To:

Division of Corporations  
Fax Number : (850)205-0383

## From:

Account Name : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305)599-0839  
Fax Number : (305)716-0346

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

06 JUL 17 AM 9:46

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FLORIDA/FOREIGN LIMITED LIABILITY CO.

RETRO CONCEPTS LLC

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited-Liability Company is:

**RETRO CONCEPTS LLC**

**ARTICLE II - Address:**

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

**Principal Office Address:**

**Mailing Address:**

**6400 MAIN STREET UNIT#4303  
MIAMI LAKES, FL 33014**

**SAME**

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

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

**HECTOR M. FIGUEROA II**

**Name**

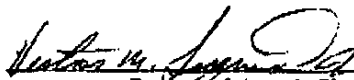
**6400 MAIN STREET UNIT#4303**

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

**MIAMI LAKES, FLORIDA 33014**

**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**

**HECTOR M. FIGUEROA II**

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TALLAHASSEE, FLORIDA

**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

HECTOR M. FIGUEROA II

6400 MAIN STREET UNIT#4303  
MIAMI LAKES, FL 33014

MGRM

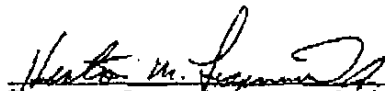
CHRISTINE FIGUEROA

6400 MAIN STREET UNIT#4303  
MIAMI LAKES, FLORIDA 33014

(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.)

HECTOR M. FIGUEROA II

Typed or printed name of signer

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