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SECRETARY OF STATE
TALLAHASSEE RICHARD

N. Cultigan NOV - 4 2011

COVER LETTER

	on Section f Corporations		
_{SUBJECT:} Re	tro-Fitt		
30B3EC1.		ed Liability Company	
The enclosed Articl	es of Organization and fee(s) are	submitted for filing.	
Please return all cor	respondence concerning this mat	ter to the following:	
Matilda	a Alisigwe		
		Name of Person	
Retro-	Fitt LLC		
 -		Firm/Company	
134 In	nport Circle		
· · · · · · · · · · · · · · · · · · ·		Address	
Huntsville	e, AL 35806		
	Cit	y/State and Zip Code	
info@ret	ro-fitt.com		
	E-mail address: (to be used f	or future annual report notification)	
For further informat	ion concerning this matter, please	call:	
Matilda Alisig	we	at (754) 234-115	0
Na	ime of Person	Area Code & Daytime Tele	phone Number
Enclosed is a chec	k for the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, FL 32301	s

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Compar	ny is:	
Retro-Fitt LLC		
(Must end with the words "Limited	Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of t	the principal office of the Limited Li	ability Company is:
Principal Office Address:	Mailing Address:	
7630 NW 11th Place Plantation, FL 33322	134 Import Circle Huntsville, AL 35806	
ARTICLE III - Registered Agent, Regist (The Limited Liability Company cannot serve as its own business entity with an active Florida registration.)		
The name and the Florida street address of	the registered agent are:	AHA.
Matilda Alisigwe		- 2 E
	Name	יניה לה ה
7630 NW 111	th Place	FF 25 € 72
Florida stre	et address (P.O. Box NOT acceptable)	2: 30 Fate Orida
Plantation,	_{FL} 33322	<i>></i> 0

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..

City, State, and Zip

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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Florida Statutes, the execution of this document to the facts stated herein are the submitted in a document to the Department of State	2:30
Since control signee	
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n) = s o	n authorized representative of a member. a), Florida Statutes, the execution of this document of the facts stated herein archite. Submitted in a document to the Department of State ovided for in s.817.155, F.S.) Character printed name of signee