

L15000042575

(Requestor's Name)

(Address)

(Address)

W15-11224

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

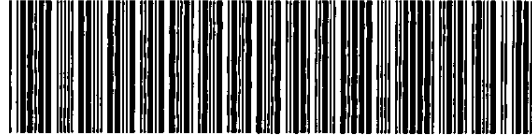
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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L15-42575

02/04/15--01024--003 \*\*160.00

FILED  
15 Feb 4 PM 5:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAR 10 2015

N. CAUSSEAU

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Retrorama Collectibles, 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:

John McGahey  
Name of Person

Retrorama Collectibles  
Firm/Company

205 Tollerton Ave  
Address

St Johns/FL 32259  
City/State and Zip Code

jdmogahey@comcast.net ✓  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John McGahey at ( 479 ) 715-2872  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check 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 Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 16, 2015

JOHN MCGAHEY  
RETRORAMA COLLECTIBLES  
205 TOLLERTON AVENUE  
ST. JOHNS, FL 32259

SUBJECT: RETRORAMA COLLECTIBLES, LLC  
Ref. Number: W15000011224

We have received your document for RETRORAMA COLLECTIBLES, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Nanette Causseaux  
Regulatory Specialist II Supervisor

Letter Number: 615A00003215

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Retrorama Collectibles, LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

205 Tollerton Ave

St Johns, FL 32259

Mailing Address:

PO Box 24866

Jacksonville, FL 32241

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

John McGahey

Name

205 Tollerton Ave

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

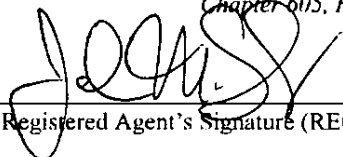
ST JOHNS

City

FL 32259

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 605, F.S..*

x   
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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15 Feb 4 PM 5:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

**Name and Address:**

John McGahey

205 Tollerton Ave

St Johns, FL 32259

AMBR

Arthur Edward Tucker

12233 Mayors Drive

Jacksonville, FL 32223

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

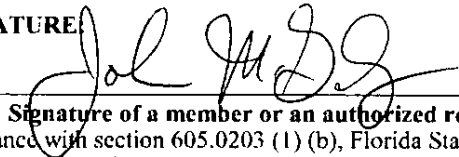
**ARTICLE V:** Effective date, if other than the date of filing: February 1, 2015. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**ARTICLE VI:** Other provisions, if any.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED SIGNATURE:**



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

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

John McGahey

Typed or printed name of signee

**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)

FILED  
15 FEB 11 PM 5:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA