# 117ex0130145

(Requestor's Name)
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PICK-UP WAIT MAIL
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M. MOON JUN 1 5 2017 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 674593 8073153

COST LIMIT : \$ 150.00

ORDER DATE : June 7, 2017

ORDER TIME : 8:53 AM

ORDER NO. : 674593-015

CUSTOMER NO: 8073153

### DOMESTIC FILING

NAME: THE RETRO COMPANY GROUP LLC

### EFFECTIVE DATE:

XX\_\_\_\_ CONVERSION
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender - EXT.

EXAMINER'S INITIALS:

# **COVER LETTER**

TO: New Filing S Division of C				
SUBJECT: The Retro	o Company Group LLC			
50D3DC1	(Name of Res	ulting Florida Limited Com	npany)	
			d fees are submitted to conveccordance with s. 605.1045,	
Please return all corr	espondence concerning	g this matter to:		
Jeff Nicolai				
	(Contact Person)			
J Nicolai Law				
	(Firm/Company)			-
250 King Street 780 SF	CA 94107			چ
	(Address)			T din .
				රා
	City, State and Zip Code)			
jeffrey@jnicolailaw.con	1			3:44
E-mail Address: (to l	be used for future annual re	port notifications)		7-
For further informati	ion concerning this ma	tter, please call:		
jeffrey nicolai		646 957-6 at ( )	5763	
(Name of Cont	act Person)		rtime Telephone Number)	
	for the following amount a bank located in the		sed by this office must be pa	yable in US
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	□\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing Fees and Certified Copy	☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status	
STREET ADDRES New Filing Section Division of Corpora Clifton Building 2661 Executive Cen Circle Tallahassee, 1 32301	tions	MAILING A New Filing S Division of C P. O. Box 63 Tallahassee,	Section Corporations 27	

INHS11 (2/17)

# Articles of Conversion

For

# "Other Business Entity"

Into

## Florida Limited Liability Company

The Articles of Conversion and attached Articles of Organization are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.605.1045, Florida Statutes.

1. The name of the "Other Busin The Retro Company Group LLC	ess Entity" immediately prior to the filing of the Articles of Conversion is:
(E	Enter Name of Other Business Entity)
2. The "Other Business Entity" is	limited liability company s a
·	(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorp	
1.19.17	(Enter state, or if a non-U.S. entity, the name of the country)
on (date of organization, formation or a). The name of the Florida Limit The Retro Company Group LLC	ted Liability Company as set forth in the attached Articles of Organization:
(Enter Nan	ne of Florida Limited Liability Company)
(The effective date: 1) cannot be after the date this document is for the effective date listed in the action.	filing, enter the effective date:  the prior to date of receipt or filed date nor more than 90 calendar days filed by the Florida Department of State; AND 2) must be the same as ttached Articles of Organization, if an effective date is listed therein.) does not meet the applicable statutory filing requirements, this date will not be listed as the ment of State's records.
5. The plan of conversion has bee	en approved in accordance with all applicable statutes.

6. The "Converted or Other Business Entity" has agreed to pay any members having appraisal rights the amount to which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.

Signed this 70	th day of June	20_17
Signature of	Authorized Representative of Lin	nited Liability Company:
61		
Signature of A	Authorized Representative	Title: Manager
Printed Name:	Chaz Platificio	Title: Manager
Signature(s) o	on behalf of Other Business Entity:	[See below for required signature(s)]
Signature		
Printed Name:	Chaz Hatfield (7	Title: Manager
Signature:		
Printed Name:		Title:
Signature:		
Printed Name:		Title:
Signature:	#	
Printed Name:		Title:
Signature:		
Printed Name:		Title:
Signature:		
Printed Name:		Title:
If Florida Cor		
Signature of Cl	hairman, Vice Chairman, Director, or	Officer.
If Directors or	Officers have not been selected, an In	corporator must sign.
If Florida Gen	eral Partnership or Limited Liabil	ity Partnership:
Signature of on	ne General Partner.	
	<u>iited Partnership or Limited Liabili</u>	ty Limited Partnership:
Signatures of A	LL General Partners.	<del> 7</del>
All others:		
Signature of an	authorized person.	
_	-	
Fees:		
Article	s of Conversion:	\$25.00
Fees fo	or Florida Articles of Organization:	
	ed Copy:	\$30.00 (Optional)
	cate of Status:	\$5.00 (Ontional)

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The Retro Company Group LLC			
<del></del>	words "Limited Lia	bility Company, "L.L.C.," or "LLC	2.")
ARTICLE II - Address: The mailing address and stro	eet address of the	e principal office of the Li	mited Liability Company is:
Principal Office Address:		Mailing Address:	
12801 Commonwealth Dr. Suite	3	12801 Commonwealth I	Or. Suite 8
Fort Myers FL 33913		Fort Myers FL 33913	
(The Limited Liability Company cannot business entity with an active Florida  The name and the Florida sta	a registration.) rect address of the on Service Compar	he registered agent are:	tte an individual or another
	N	ame	8
1201 Hay	s Street		
Florida	street address (l	P.O. Box <u>NOT</u> acceptable	)
Tallahasse	e	FL 32301	S 32
	City	Zip	
liability company at the registered agent and agree statutes relating to the pr	place designate to act in this ca oper and comple	d in this certificate, I hereb pacity. I further agree to c ete performance of my dutic	ess for the above stated limited by accept the appointment as omply with the provisions of all es, and I am familiar with and led for in Chapter 605, F.S

<u>Title:</u>		Name and Address:	
	Authorized Member		
"MGR" = N	<b>Aanager</b>	Charling of	
MGR		Chaz Hatfield	
		12801 Commonwealth Dr Suite 8 Fort Myers Florida 33913	
		F1000a 33913	
MGR		Yvonne Von Berg	
		12801 Commonwealth Dr Suite 8 Fort Myers	
		Florida 33913	
		110.100.00710	
-	<del>- · · · · · ·</del>		
		***************************************	
		·	
ICLE V: Efformation	e is listed, the date mus	he date of filing: . (OPTION st be specific and cannot be more than five busines:	
TCLE V: Effe n effective date to or 90 caler If the date inserte tent's effective da	ective date, if other than t e is listed, the date must dar days after the date	at be specific and cannot be more than five business of filing.) the applicable statutory filing requirements, this date will not be	s da
ICLE V: Effective date to or 90 caler If the date insertement's effective date.	ective date, if other than the is listed, the date must dar days after the date and in this block does not meet the on the Department of State	at be specific and cannot be more than five business of filing.) the applicable statutory filing requirements, this date will not be	s da
ICLE V: Efform effective date to or 90 caler of the date insertement's effective date in the total of the tot	ective date, if other than the is listed, the date must dar days after the date and in this block does not meet the on the Department of State	at be specific and cannot be more than five business of filing.) the applicable statutory filing requirements, this date will not be	s da
ICLE V: Efform effective date to or 90 caler. If the date inserte tent's effective date in the tent's e	ective date, if other than the is listed, the date must dar days after the date and in this block does not meet the on the Department of State er provisions, if any.	at be specific and cannot be more than five business of filing.) the applicable statutory filing requirements, this date will not be	s da
ICLE V: Effor effective date to or 90 caler If the date insertent's effective date ICLE VI: Oth  REQUIRE	cetive date, if other than the is listed, the date must dar days after the date and in this block does not meet the on the Department of State er provisions, if any.  D SIGNATURE:  Signature of a member is document is executed in a sam aware that any false information.	at be specific and cannot be more than five business of filing.) the applicable statutory filing requirements, this date will not be	s da
ICLE V: Effor effective date to or 90 caler If the date insertent's effective date ICLE VI: Oth  REQUIRE	ective date, if other than to be is listed, the date must dar days after the date and in this block does not meet the on the Department of State er provisions, if any.  D SIGNATURE:  Signature of a member is executed in a man aware that any false informatitutes a third degree felony Chaz Hatfield	at be specific and cannot be more than five business of filing.) the applicable statutory filing requirements, this date will not be 's records.  For or an authorized representative of a member accordance with section 605.0203 (1) (b), Florida Statutes, mation submitted in a document to the Department of State yas provided for in s.817.155, F.S.	s da
TCLE V: Effective date to or 90 caler If the date inserts effective date ICLE VI: Oth	ective date, if other than to be is listed, the date must dar days after the date and in this block does not meet the on the Department of State er provisions, if any.  D SIGNATURE:  Signature of a member is executed in a man aware that any false informatitutes a third degree felony Chaz Hatfield	et be specific and cannot be more than five busines: of filing.) the applicable statutory filing requirements, this date will not be 's records.  er or an authorized representative of a member. incordance with section 605.0203 (1) (b). Florida Statutes. ination submitted in a document to the Department of State	s da

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

ARTICLE IV-