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(City/State/Zip/Phone #)

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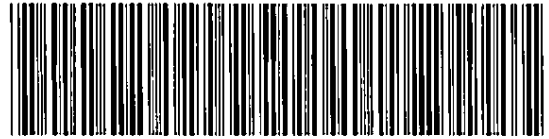
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DEPT OF STATE  
TALLAHASSEE, FLORIDA

19 MAR 30 PM 4:12

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

19 APR 30 PM 2:35

RECEIVED

## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** RETRO HOMES LLC

(Name of Resulting Florida Limited Company)

The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.

Please return all correspondence concerning this matter to:

CARMEN MCLEOD

(Contact Person)

RETRO HOMES LLC

(Firm/Company)

1912 ANGELS HOLLOW ST

(Address)

TALLAHISSEE, FL 32308

(City, State and Zip Code)

innovativethings@gmail.com

E-mail Address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

Carmen McLeod

at ( 850 ) 321-7171

(Name of Contact Person)

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)

☒ \$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 ADDRESS:

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

### MAILING ADDRESS:

New Filing Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

RETRO HOMES SERVICES LLC.

(Must contain 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:

1912 ANGELS HOLLOW ST  
TALLAHASSEE, FL 32308

### Mailing Address:

1912 ANGELS HOLLOW ST  
TALLAHASSEE, FL 32308

## 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:

CLAUDETTE CROMARTIE

Name

7003 ATASCADERO LANE

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

TALLAHASSEE

FL 32317

City

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.,*

*Claudette Cromartie*

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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19 MAR 30 PM 4:12  
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

MGR

**Name and Address:**

CARMEN MCLEOD

1912 ANGELS HOLLOW ST

TALLAHASSEE, FL 32308

MGR

DWAYNE PRESSLEY

2855 SUN VALLEY CT

TALLAHASSEE, FL 32303

MGR

BETSY HENDERSON

2670 LONNBLADH RD

TALLAHASSEE FL 32308

MGR

CLAUDETTE CROMARTIE

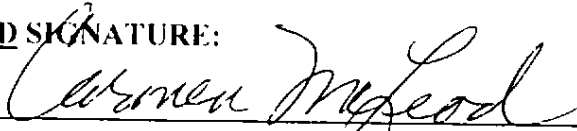
7003 ATASCADERO LANE

TALLAHASSEE, FL 32317

(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**



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

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

CARMEN MCLEOD

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)**

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19 MAR 30 PM 4:12  
TALLAHASSEE  
FLORIDA  
SOUTH  
COUNTY