

M12000000445

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

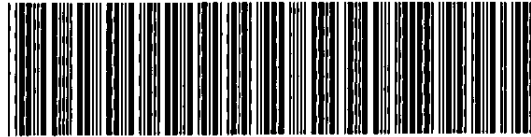
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12 JAN 23 AM 8:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE

JAN 25 2012

EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 10, 2012

FERGESON SKIPPER  
PO BOX 3018  
SARASOTA, FL 34230

SUBJECT: RETROFITZ, LLC  
Ref. Number: W12000001581

We have received your document for RETROFITZ, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the complete principal office address.

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) 245-6984.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 112A00000612

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TALLAHASSEE, FLORIDA

**FERGESON SKIPPER**  
**SHAW KEYSER BARON & TIRABASSI**  
ATTORNEYS AT LAW

**DAVID S. MAGLICH, ESQ.**  
dmaglich@fergesonskipper.com  
Board Certified Civil Trial Lawyer  
Board Certified Business Litigation Lawyer

November 7, 2011

Florida Department of State  
Division of Corporations  
Registration Section  
P. O. Box 6327  
Tallahassee, Florida 32314

Re: Retrofitz, LLC  
Our File No.: 13505/25473


Dear Sir or Madam:

**Enclosed** please find an original and copy of the Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida, attached Certificate of Existence, and the Certificate of Designation of Registered Agent/Registered Office, together with a check in the total amount of \$125.00 representing the fees for the application, \$100.00, and the Designation of Registered Agent, \$25.00.

Please time-stamp the copy of the document and return it to me in the **enclosed** self-addressed, stamped envelope.

Thank you for your cooperation in this matter. If you have any questions, please contact us.

Sincerely,

  
David S. Maglich

Enclosures

cc: Mr. Ryan Fitzmorris

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12 JAN 23 AM 8:43  
TALLAHASSEE, FLORIDA

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO  
TRANSACTION BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN  
LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:*

1. **RetroFitz, LLC.**

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.")

2. **Louisiana**

(Jurisdiction under the law of which foreign limited liability company is organized)

3. **27-3541991**

(FEI number, if applicable)

4. **09/23/2010**

(Date of Organization)

5. **Perpetual**

(Duration: Year limited liability company will cease to exist or "perpetual")

6.

(Date first transacted business in Florida, if prior to registration.)  
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. **3939 Prytania Street**

**New Orleans, LA 70115**

(Street Address of Principal Office)

8. If limited liability company is a manager-managed company, check here ☒

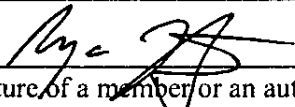
9. The name and usual business addresses of the managing members or managers are as follows:

**Ryan Fitzmorris 3939 Prytania Street New Orleans, LA 70115**

**Dania Felipe 3939 Prytania Street New Orleans, LA 70115**

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: **Insulation and Weatherization**

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

(In accordance with section 608.408(3), F.S., 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.)

**Ryan Fitzmorris**

Typed or printed name of signee

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12 JAN 23 AM 8:48  
CLERK OF STATE  
TALLAHASSEE FLORIDA

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

**RetroFitz, LLC.**

If unavailable, the alternate to be used in the state of Florida is:

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

**David S. Maglich, Esq.**

(Name)

**1515 Ringling Blvd., Tenth Floor**

Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

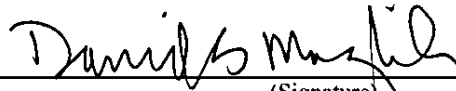
**Sarasota**

**FL 34236**

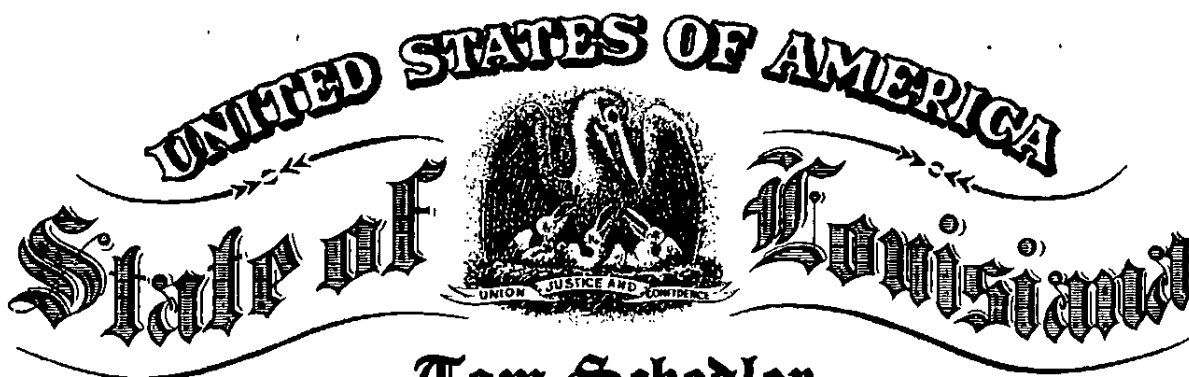
City/State/Zip

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TALLAHASSEE, FLORIDA

*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, Florida Statutes.*

  
(Signature)

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)



**Tom Schedler**  
SECRETARY OF STATE

*As Secretary of State of the State of Louisiana I do hereby Certify that*

the Articles of Organization of

**RETROFITZ, LLC**

Domiciled at NEW ORLEANS, LOUISIANA,

Were filed in this Office and a Certificate of Organization was issued on September 23, 2010,

I further certify that no Certificate of Dissolution has been issued.

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

November 7, 2011

*Secretary of State*

Web 40310317K



Certificate ID: 10216673#TLJ62

To validate this certificate, visit the following web site, go to **Commercial Division, Certificate Validation**, then follow the instructions displayed.  
[www.sos.louisiana.gov](http://www.sos.louisiana.gov)