# 1500000572

(Re	questor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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12115-42986

#### **COVER LETTER**

TO:

<b>)</b> :	Registration Section Division of Corporations
d ie	Grow Retail Technologies, LLC
DJ E	Name of Limited Liability Company
e end isten	closed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificace, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida,
ase 1	return all correspondence concerning this matter to the following:
	John L. Kelley
	Name of Person
	Grow Retail Technologies, LLC
	Firm/Company
	1964 Howell Branch Road, Suite 206
	Address
	Winter Park, FL 32792
	City/State and Zip Code
	jdkelley6@gmail.com
	E-mail address: (to be used for future annual report notification)
furt	her information concerning this matter, please call:
	Rebecca Irish 407 493-3600 at ( )
	Name of Contact Person Area Code Daytime Telephone Number
	MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton Building
	Tallahassee, FL 32314  2661 Executive Center Circle Tallahassee, FL 32301
lose	d is a check for the following amount:  \$\Boxed{\topsigma}\$\$ \$125.00 \text{ Filing Fee}  \Boxed{\topsigma}\$\$\$ \$\$130.00 \text{ Filing Fee}  \Boxed{\topsigma}\$\$\$\$ \$\$155.00 \text{ Filing Fee}  \Boxed{\topsigma}\$



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

June 23, 2015

JOHN L. KELLEY 1964 HOWELL BRANCH ROAD, SUITE 206 WINTER PARK, FL 32792

SUBJECT: GROW RETAIL TECHNOLOGIES, LLC

Ref. Number: W15000042986

We have received your document for GROW RETAIL TECHNOLOGIES, 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):

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

You must insert the letters "MGRM" beside the name and address of each managing member and/or the letters "MGR" beside the name and address of each manager listed in the document.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 245-6052.

Maryanne Dickey Regulatory Specialist II

Letter Number: 215A00013100

Division of Composations D.O. DOV 6207 Tollahorana Florida 2021

### APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BY SINESS IN THE STATE OF FLORIDA:

f name unavailable, enter a	lternate name adopted for the purpose of transacting bu	siness in Florida. The alternate name	must include	"Limited
Delaware	3. Applied I	For		
Jurisdiction under the law	of which foreign limited liability	(FEI number, if applicable)	£ (3	
company is organized) June 30, 2015			γ e <sub>*</sub> 3. ×	S
Julie 30, 2013	(Date first transacted business in Florida, if pr (See sections 605.0904 & 605.0905, F.S. to deter	ior to registration.)		
1064 Hannell Branch 1		rmine penalty liability)		20
1964 Howell Branch I	toza, Suite 206		7.	P# 1
Winter Park, FL 32792			-	
1064 II 11 D 1 D	(Street Address of Principal Office)		ÿ.	2: 4
1964 Howell Branch R	bad, Suite 206	······································	) }-	7
Winter Park, FL 32792	<b>;</b>			
	(Mailing Address)			
Name and street addre	ss of Florida registered agent: (P.O. Box NOT ac	ceptable)		
Name:	John L. Kelley			
	1964 Howell Branch Road, Suite 206	<del></del>		
Office Address:				
Office Address.				
egistered agent's acceptiving been named as re	Winter Park (City) tance: gistered agent and to accept service of process fo			
egistered agent's acceptiving been named as reis application, I hereby th the provisions of all	Winter Park (City) tance:	(Zip code) or the above stated corporation at agree to act in this capacity. I fun	ther agree t	o comply
egistered agent's acceptiving been named as reis application, I hereby th the provisions of all	Winter Park  (City)  tance: gistered agent and to accept service of process fo accept the appointment as registered agent and a statutes relative to the proper and complete perfo	(Zip code) or the above stated corporation at agree to act in this capacity. I fun furnance of my duties, and I am fa	ther agree t	o comply
egistered agent's acceptiving been named as reis application, I hereby th the provisions of all tobligations of my pos	Winter Park  (City)  tance: gistered agent and to accept service of process for accept the appointment as registered agent and a statutes relative to the proper and complete perfortion as registered agent  (Registered agent's signated and address of the person(s) who has/have and address of the person(s)	(Zip code) or the above stated corporation at agree to act in this capacity. I fun furnance of my duties, and I am fa	ther agree t	o comply
egistered agent's acceptiving been named as reis application, I hereby the the provisions of all to obligations of my pose.  The name, title or capthin L. Kelley, M. G.	Winter Park  (City)  tance: gistered agent and to accept service of process for accept the appointment as registered agent and a statutes relative to the proper and complete performance as registered agent.  (Registered agent's signated and address of the person(s) who has/have and R. M.	(Zip code) or the above stated corporation at agree to act in this capacity. I furnished for my duties, and I am fairness.  The control of the capacity of the	ther agree t	o comply
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## Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "GROW RETAIL TECHNOLOGIES, LLC" IS

DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN

GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF

THIS OFFICE SHOW, AS OF THE THIRTIETH DAY OF JUNE, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GROW RETAIL TECHNOLOGIES, LLC" WAS FORMED ON THE FIFTEENTH DAY OF JUNE, A.D. 2015.

5765952 8300

150991004

Jeffrey W. Bullock, Secretary of State

AUTHENTYCATION: 2514651

DATE: 06-30-15

You may verify this certificate online at corp.delaware.gov/authver.shtml