

1
M17000007593

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

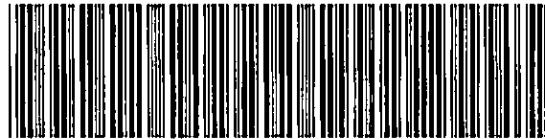
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700302153087

08/07/17--01035--013 **125.00

17 SEP -5 PM 4:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
OG/SP

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 8, 2017

MICHAEL LAMOTHE
51 NORTH MAIN ST., SUITE 2A
SOUTHBURG, CT 06489 US

SUBJECT: RETIREMENT EVOLUTION, LLC
Ref. Number: W17000064608

We have received your document for RETIREMENT EVOLUTION, 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):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

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 the corrected original and one copy of 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) 254-6051.

Judy A Leggett
Regulatory Specialist II
Registration Section

Letter Number: 317A00016042

RECEIVED
FLORIDA
AHASKEE

COVER LETTER

TO: Registration Section
Division of Corporations

RETIREMENT EVOLUTION, LLC
SUBJECT: _____

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

MICHAEL LAMOTHE

Name of Person

CONSULTANT

Firm/Company

51 NORTH MAIN ST. SUITE 2A

Address

SOUTHBURY, CT 06489

City/State and Zip Code

John @ MyRetirementEvolution.com

E-mail address: (to be used for future annual report notification)

MikeLaMothe @ live.com

For further information concerning this matter, please call:

MICHAEL LAMOTHE	860	307-9651
_____ Name of Contact Person	at ()
	Area Code	Daytime Telephone Number

MAILING ADDRESS:

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

STREET ADDRESS:

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

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 \$160.00 Filing Fee, Certificate of Status & Certified Copy

**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 BUSINESS IN THE STATE OF FLORIDA:

1. RETIREMENT EVOLUTION, 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. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. DELAWARE

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

3.

(FEI number, if applicable)

4. XXXXXX

(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 510 CR 466

(Street Address of Principal Office)

STE 207K

LADY LAKE, FL 32159

6. 510 CR 466

(Mailing Address)

STE 207K

LADY LAKE, FL 32159

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: JOHN GISSAS

Office Address: 510 CR 466, STE 207K

LADY LAKE

(City)

Florida 32159

(Zip code)

Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Title or Capacity:

MEMBER

Name and Address:

JOHN GISSAS

Title or Capacity:

510 CR 466, STE 207K
LADY LAKE, FL 32159

Name and Address:

(Use attachments if necessary)

9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. 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.

Signature of an authorized person

JOHN GISSAS

Typed or printed name of signer

17 SEP -5 19 447
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED

Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "RETIREMENT EVOLUTION, 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 AUGUST, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "RETIREMENT EVOLUTION, LLC" WAS FORMED ON THE FIRST DAY OF NOVEMBER, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

6199450 8300

SR# 20175946229

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



A handwritten signature in black ink that reads "JWB". Below the signature is a horizontal line with the text "Jeffrey W. Bullock, Secretary of State" written in a smaller font.

Authentication: 203145905

Date: 08-30-17