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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. CLINE

FEB 24 2010

EXAMINER

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

Re: Mitchell Restaurant Partnership, Limited Partnership

To Whom It May Concern:

Enclosed please find the Articles of Limited Partnership of Mitchell Restaurant Partnership for filing.

Also enclosed is a check payable to the Florida Department of State in the amount of One Thousand Eight Dollars and Seventy Five Cents (\$1,088.75) in payment of the following charges:

1. The Filing Fee of \$965.00
2. The Registered Agent Fee of \$35.00
3. The Certificate of Status Fee of \$8.75

Please feel free to contact the undersigned at 239-777-6575 if you have any questions.

Very truly yours,



Roberta F. Mitchell

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Mitchell Restaurant Limited Partnership
Name of Florida Limited Partnership or Limited Liability Limited Partnership

The enclosed Certificate of Limited Partnership and fees are submitted for filing.

Please return all correspondence concerning this matter to:

Roberta F. Mitchell
Contact Person

Firm/Company

801 12 Street South, Suite 300
Address

Naples, Florida 34102
City, State and Zip Code

bmmitchell@dockcraytoncove.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Roberta F. Mitchell at (239) 777-6575
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$1,000.00 Filing Fees (\$965 Filing Fee and \$35 Registered Agent Fee)
☒ \$1,008.75 Filing Fees and Certificate of Status
☐ \$1,052.50 Filing Fees and Certified Copy
☐ \$1,061.25 Filing Fees, Certified Copy, and Certificate of Status

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

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

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TALLAHASSEE, FLORIDA

**CERTIFICATE OF LIMITED PARTNERSHIP
FOR
FLORIDA LIMITED PARTNERSHIP
OR
LIMITED LIABILITY LIMITED PARTNERSHIP**

1. Mitchell Restaurant Limited Partnership

(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)
Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.
*Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P.
or LLLP.*

2. 801 12 Street South, Suite 300, Naples, Florida 34102
(Street address of initial designated office)

3. Roberta F. Mitchell
(Name of Registered Agent for Service of Process)

4. 801 12 Street South, Suite 300, Naples, Florida 34102
(Florida street address for Registered Agent)

5. *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.*


Signature of Registered Agent

6. 801 12 Street South, Suite 300, Naples, Florida 34102
(Mailing address of initial designated office)

7. If limited partnership elects to be a limited liability limited partnership, check box ☐

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8. Name and business address of each general partner:

Name:

Business Address:

R. Mitchell, Inc.

801 12 Street South,

810-14676

Suite 300, Naples, Florida 34102

9. Effective date, if other than the date of filing: _____

(Effective date cannot be prior to nor more than 90 days after the date the document is filed by the Florida Department of State.)

Signed this Eighteenth day of February, 2010.

Signature of each general partner:

Robert R. Mitchell

Filing Fees:

\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75

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