# F23000002154

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S. ROBERTS APR 1 4 2023

#### **COVER LETTER**

	O: Registration Section Division of Corporations					
SUBJEC	THE MITCHELL & MITCHE	LL AGENCY	, INC.			
ооворс	Name of	Corporation	- must include suffix			
Dear Sir e	or Madam:					
"Certifica	sed "Application by Foreign Corte of Existence," or "Certificate corenced foreign corporation to tra	of Good Stan	ding" and check are subm	Business in Florida," itted to register the		
Please ret	urn all correspondence concernin	g this matter	to the following:			
SHEILA N	MITCHELL					
-		Name of	Person			
		Firm/Con	pany			
30594 MII	DDLECREEK CIR.					
		Addre	ess	,		
SPANISH	FORT, AL. 36527					
an una		City/State a	nd Zip code			
SBMITCI	IELL058@HOTMAIL.COM	/10 ho	or future annual report no			
			•	uncation)		
For further	er information concerning this ma	tter, please c	all:			
SHEILA MITCHELL		251	de ) 769-7741  Daytime Telephone Number			
	Name of Person	Area Cod	e Daytime Telepho	one Number		
R D T 24	TREET/COURIER ADDRESS egistration Section ivision of Corporations he Centre of Tallahassee 415 N. Monroe Street, Suite 810 allahassee, FL 32303	:	MAILING AD Registration Sec Division of Cor P.O. Box 6327 Tallahassee, FL	ction porations		
Please mak	is a check for the following amouse check payable to: FLORIDA DE Filing Fee	PARTMENT Fec &	OF STATE \$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certificate of Status & Certified Copy		

### APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1.	THE MITCHEL	LL & MITCHELL AGENCY, INC.				
	(Enter name of c	corporation; must include "INCORPORATED," * Sorp," "Inc." "Co," or "Corp.")	COMPANY," "CORPORATION,"	-		
	ТНЕ МІТСНЕІ	LL AGENCY				
	(If name unavail	able in Florida, enter alternate corporate name ad-	opted for the purpose of transacting busing	ness in Florida)		
2.	ALABAMA	3.				
	(State or countr	ry under the law of which it is incorporated) 3.	(FEI number, if applicable	le)		
4.	08-12-2013					
	(Date	of incorporation) 5	(Date of duration, if other than po	rpetual)		
6.						
		(Date first transacted business in F	lorida, if prior to registration)			
		(022 000110110 001,1501 0001.1502	, r.o., to determine penalty machiny)			
7.	1449 WEST NIN	E MILE RD.SUITE 11 & 12, PENSACOLA, F	I. 32514	2023111		
	(Principal office street address)					
917 WESTERN AMERICA CIR. SUITE 350, MOBILE, AL 36609						
	(Current mailing address, if different)					
8.	Name and street	et address of Florida registered agent: (P.O. I	Box NOT acceptable)	:		
		J. KEITH MITCHELL		٠.5		
	Name:		<del></del>	<del>-</del> 9		
0	ffice Address:	1449 WEST NINE MILE RD. SUITE 11 & 12	<u> </u>	_		
		PENSACOLA	, Florida <sup>32514</sup>			
		(City)	(Zip code)			

#### 9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation 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)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

#### A. DIRECTORS J. KEITH MITCHELL □Chairman □ Chairman Name: 917 WESTERN AMERICAN CIF □Vice Chairman Address: □ Vice Chairman Address: \_\_\_\_\_ **SUITE 350** □ Director □ Director MOBILE, AL 36609 President □ President □Vice President □ Vice President □ Secretary □Treasurer ☐ Secretary ☐ Treasurer □Other \_\_\_\_\_ □Other \_\_\_\_\_ □Other \_\_\_\_\_ □Other \_\_\_\_\_ Chairman Name: \_\_\_\_\_ □ Chairman Name: \_\_\_\_\_ □Vice Chairman Address: \_\_\_\_ ☐ Vice Chairman Address: \_\_\_\_ □Director □ Director □ President □President □Vice President □ Vice President □ Secretary □Treasurer ☐ Secretary ☐ Treasurer □Other \_\_\_\_\_ □Other \_\_\_\_\_ □Other \_\_\_\_\_ Other \_\_\_\_\_ □ Chairman Name: \_\_\_\_\_ □ Chairman Name: □Vice Chairman Address: \_\_\_\_ ☐ Vice Chairman Address: □ Director ☐ Director President □ President □Vice President \_ ☐ Vice President ☐ Secretary □Treasurer ☐ Secretary ☐ Treasurer □Other \_\_\_\_\_ □Other \_\_\_\_\_ []Other\_\_\_\_ □Other \_\_\_\_\_ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form. Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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. 13. J. KEITH MITCHELL

Wes Allen Secretary of State P.O. Box 5616 Montgomery, AL 36103-5616

## STATE OF ALABAMA

I, Wes Allen, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the entity records on file in this office disclose that The Mitchell & Mitchell Agency, Inc. was formed in Clarke County on August 12, 2013. The Alabama Entity Identification number for this entity is 000-286-137. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.



20230329000022306

In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the city of Montgomery, on this day.

03/29/2023

Date

War Och

Wes Allen

**Secretary of State**