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DIVISION OF CORFORNION

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SECRETARY OF STAIL SIGN OF CORPORATIONS

TRANSMITTAL LETTER

Division of Corporations
SUBJECT: Mitchell Limousine + Management Services, LLC. (Name of Limited Liability Company)
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Josette D. M. 'tchell (Name of Person)
Mitchell Limousine + Management SVC LLC (Firm/Company)
1466 W. 304h St, (Address)
JAK. FI 32-209 (City/State and Zip Code)
For further information concerning this matter, please call: Joseffc Mifchell at (904) 768-815-2
(Name of Person) at (904) 768-8152 (Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

Registration Section

TO:

MAILING ADDRESS:

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is: M. —	chell Limousine + MANAgement Sucs. be
ARTICLE II - Address: The mailing address and street address of the principal	office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1466 W. 30th St. JAX. FI 32209	SAME
ARTICLE III - Registered Agent, Registered Office	e, & Registered Agent's Signature:
The name and the Florida street address of the registere	ed agent are:
Joseffe D. Mitche Name	<u>: [/ </u>
1466 W. 30th St. Florida street address (P.O. Box N	OT acceptable)
JACKSONVIJ/L FL City, State, and Zip	32209
Having been named as registered agent and to accept so liability company at the place designated in this certific registered agent and agree to act in this capacity. I further statutes relating to the proper and complete performance accept the obligations of my position as registered agent	ate, I hereby accept the appointment as ther agree to comply with the provisions of all ce of my duties, and I am familiar with and

(CONTINUED)

Registered Agent's Signature

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
Mg R.	Curley Mitchell
	JAX, F1 32209
	<u> </u>
	<u> </u>
(Use attachment if necessary)	
NOTE: An additional article must	be added if an effective date is requested.

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REQUIRED SIGNATURE:

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

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Typed or printed name of signee

Filing Fees:

- \$100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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