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## TRANSMITTAL LETTER

Division of Corporations		
SUBJECT: JOP Mitchell Home Repair 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:		
Joe Mitchell (Name of Person)	04	IM.
Joe Mitchell Home Repair LLC (Firm/Company)	04 JUL 28 AH 10: 28	FACE RIVERS 1.
(A. flanna)	10: 38	. [6]
Havana, Fl. 32333 (City/State and Zip Code)		
For further information concerning this matter, please call:		
Joe Mitchell at (850) 529-9531 (Name of Person) (Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amount:		
□ \$125.00 Filing Fee  □ \$130.00 Filing Fee & □ \$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate of Status		
STREET ADDRESS: Registration Section  MAILING ADDRESS: Registration Section		

Division of Corporations

Tallahassee, Florida 32314

P.O. Box 6327

Division of Corporations

Tallahassee, Florida 32399

409 E. Gaines Street

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:		
Joe Mitchell Home Repair	LLC	
ARTICLE II - Address: The mailing address and street address of the prin	ncipal office of the Limited Liability	Company is:
Principal Office Address:	Mailing Address:	r 70
Tra Mitale II there Parais 110		JUL

ARTICLE I - Name:

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

170 Conrad Hills Rd

Hava na Si 32.33

City, State, and Zip

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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

Registered Agent's Signature

(CONTINUED)

The name and address of each Manager or Managing Member is as follows:		
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
_MGRM_	Joe Mitchell 170 Conrad Hills Rd Havana, 86, 32333	
(Use attachment if necessary)	added if an effective data is necessared	
NOTE: An additional article must be a REQUIRED SIGNATURE: Signature of a member of	r an authorized representative of a member.	
of this document constitute that the facts stated herein Toe Mitchell Types	·	
S S	100.00 Filing Fee for Articles of Organization 25.00 Designation of Registered Agent 30.00 Certified Copy (Optional)	