L04000082936

(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



800042454888

11/09/04--01040--018 **125.00

SECRETARY OF STATE
ALLAHASSEE, FLORID

11/15/04

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT: WILLIE MITCHELL, LLC (Name of Limited Liability Company)	
(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:	
WILLIE MITCHELL (Name of Person)	
(Name of Person)	
WILLIE MITCHELL, LLC (Firm/Company)	
(Fithe Company)	
153. Meadowbrook Drive	2004 XOV SEGRETA
(Address)	AR S
Orange Park, FL 32073 (City/State and Zin Code)	I-9 NARY
(City/State and Zip Code)	PF S
For further information concerning this matter, please call:	ORID ORID
Will's moternel at 904, 272-2153	A 7
(Name of Person) (Area Code & Daytime Telephone Number)	-

STREET ADDRESS:

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

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

ARTICLES OF ORGANIZATION **FOR** FLORIDA LIMITED LIABILITY COMPANY

WILLIE MITCHELL	L, LLC
ARTICLE II - Address: The mailing address and street address of the pr	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
153 Meadowbrook Drive	153 Meadow brook Drive
153 Meadowbrook Drive Drange Park, FL 32013	Orange Park, FL 3203
ARTICLE III - Registered Agent, Registered The name and the Florida street address of the r WILLE MI Name 153 Meddow I Florida street address (P.C. Orange Park City, State, 1	registered agent are: FLORIDE TCHELL brook Orive

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, Florida Statutes..

Page 1 of 2 (CONTINUED)

The name and address of each istaliage	ct of wialinging wemoet is as follows.
Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	WILLIE MITCHELL 193 Madaw Brook Drive Orange Park, FL 32013
	trunge rarki 1 - 5x0 15
(Use attachment if necessary)	, An

NOTE: An additional article must be added if an effective date is requested.

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.)

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

Typed or printed name of signee

Filing Fees:

:60

\$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)

ARTICLE V-EFFECTIVE DATE

THIS LLC, WILLIE MITCHELL, LLC ELECTS TO HAVE THE EFFECTIVE DATE OF THIS BUSINESS TO BEGIN NOVEMBER 15, 2004.

SECRETARY OF STATE