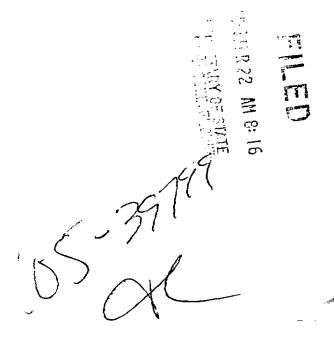
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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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#### FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

April 11, 2005

REBECCA BECKER 57 NICHOLAS COURT ORMOND BEACH, FL 32176

SUBJECT: MITCHELL MANAGEMENT, LLC

Ref. Number: W05000018054

We have received your document for MITCHELL MANAGEMENT, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective October 1, 1999, Chapter 608, Florida Statutes, does not require or permit the filing of an "Affidavit of Membership and Capital Contributions." Therefore, the enclosed document has not been filed and is being returned to you.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline Document Specialist

Letter Number: 305A00024498

## TRANSMITTAL LETTER

TO: Registration Sec Division of Cor			
SUBJECT:	MITCHELL MAI	NAGEMENT, LLC	
	(Name of Limited	Liability Company)	
The enclosed Articles of	Organization and fee(s) are su	abmitted for filing.	
Please return all correspondent	ondence concerning this matter	r to the following:	
<del></del>		M. Becker Name of Person)	<del></del>
		Rebecca M. Becker	
	(I	Firm/Company)	
-	57 Nich	olas Court (Address)	
		, ,	
	Ormond Be	each, FL 32176	
	(City/	State and Zip Code)	<del>, •</del> -
For further information	concerning this matter, please	call:	
Paula	E. Felber	at ( 386 ) 672-4365	
(Name	of Person)	(Area Code & Daytime To	elephone Number)
Enclosed is a check for	or the following amount:		elephone Number)
S125.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ET ADDRESS:	MAILING A Registration S	

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

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

# ARTICLES OF ORGANIZATION for MITCHELL MANAGEMENT, LLC a FLORIDA LIMITED LIABILITY COMPANY

#### **ARTICLE I - Name:**

The name of the Limited Liability Company is:

#### Mitchell Management, LLC

#### **ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

5806 Arbor Walk Lane Tampa, FL 33624

#### ARTICLE III - Duration:

The period of duration for the Limited Liability Company shall be:

#### · Until dissolved

# ARTICLE IV - Management: (Check the appropriate box and complete the statement)

	The Limited Liability Company is to be managed by a manager or managers and	the
name(s	s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:	1

The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

William F. Mitchell 5806 Arbor Walk Lane Tampa, FL 33624

#### ARTICLE V - Admission of Additional Members:

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be only upon the unanimous vote of all existing members

#### **ARTICLE VI - Members' Rights to Continue Business:**

The right, if given, of the remaining members of the limited liability company to continue the business upon the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a

member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be automatic unless a remaining member states its intention to withdraw from the company in writing. Such writing shall be delivered to the registered agent by certified U.S. Mail, return receipt requested, at the last address provided by the registered agent.

### ARTICLE VII - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the F	TALLAST TALLAST	
	William F. Mitchell Name	R 22
	,	
Physical address:	5806 Arbor Walk Lane Tampa, FL 33624	8: 16 8: 16

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

#### **ARTICLE VIII - Distributions**

The managing member(s) shall have sole discretion over the distribution of income or assets of the company. In no event shall distributions be made to insolvent members or directly to third

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	Willia	un 9.	Mite	hell	
Signature o	f a member or	an author	ized represe	entative of a	member

William F. Mitchell
Typed or printed name of signce

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

FERETARY OF STATE