

L05000040736

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

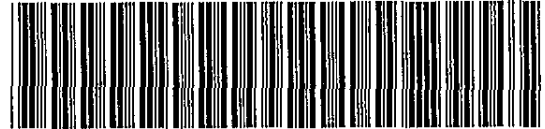
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATE
ACCESS,
INC.**

236 East 6th Avenue . Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666, Fax (850) 222-1666

WALK IN

PICK UP

4/26 *[Signature]*

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1.) *Mitchco, LLC*
(CORPORATE NAME & DOCUMENT #)

2.)
(CORPORATE NAME & DOCUMENT #)

3.)
(CORPORATE NAME & DOCUMENT #)

4.)
(CORPORATE NAME & DOCUMENT #)

5.)
(CORPORATE NAME & DOCUMENT #)

SPECIAL INSTRUCTIONS

"When you need ACCESS to the world"

CALL THE FILING AND RETRIEVAL AGENCY DEDICATED TO SERVING YOU!

ARTICLES OF ORGANIZATION OF MITCHCO, LLC

The undersigned, being authorized to execute and file these Articles of Organization, hereby certifies that:

ARTICLE I — Name:

The name of the limited liability company (hereinafter referred to as the "Company") is "MITCHCO, LLC."

ARTICLE II — Address:

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

Mailing Address 525 Pope Avenue, N.W.
Winter Haven, FL 33881

Street Address: 525 Pope Avenue, N.W.
Winter Haven, FL 33881

ARTICLE III — Registered Agent and Registered Office

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

R. GARY PRICE
525 Pope Avenue, N.W.
Winter Haven, FL 33881

ARTICLE IV — Limitation on Agency Authority of Members:

Pursuant to Section 608.4235 of the Florida Limited Company Act, no member of the Company shall be an agent of the Company solely by virtue of being a member.

IN WITNESS WHEREOF, I have signed these Articles of Organization and acknowledged them to be my act this 14th day of April, 2005.



Signature of authorized representative

MITCHELL DAVIS KALOGRIDIS

Typed or printed name of signee

(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.)

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

STATEMENT ACCEPTING APPOINTMENT AS REGISTERED AGENT

I hereby accept the designation as registered agent to accept service of process for the above stated limited liability company at the place designated in this statement. 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 under Chapter 608, Florida Statutes.

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

A handwritten signature in black ink, appearing to read "R. Gary Price", is written over a horizontal line.

Signature of Registered Agent

R. GARY PRICE

Typed or printed name of signee