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(Address)

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(Business Entity Name)

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2006 JAN -3 PM 1:49  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

J. BRYAN JAN -6 2006

**TRANSMITTAL LETTER**

**To:** Registration Section  
Division of Corporations

**Subject:** Mitchell Towing, 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:

Joyce Tucker, CPA  
(Name of Person)

Destin Accounting Service, LLC  
(Firm/Company)

1234 Airport Road #118  
(Address)

Destin, FL 32541  
(City/State and Zip Code)

For further information concerning this matter, please call:

Joyce Tucker at 850-654-9235  
(Name of Person) (Area Code & Daytime Phone 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

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TALLAHASSEE, FLORIDA  
DIVISION OF CORPORATIONS

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

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**ARTICLE I – Name:**

The name of the Limited Liability Company is: Mitchell Towing, LLC

**ARTICLE II – Address:**

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

**Principal Office Address:**

1002 S Depot Street  
Bonifay, FL 32425

**Mailing Address:**

Po Box 784  
Bonifay, FL 32425

**ARTICLE III – Registered Agent, Registered Office & Registered Agent's Signature**

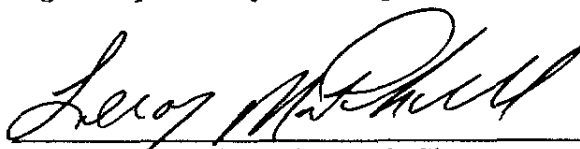
The name and the Florida street address of the registered agent are:

Leroy Mitchell  
Name

1002 S Depot Street  
Florida street address (P.O. Box **NOT** acceptable)

Bonifay, FL 32425  
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, Florida Statutes..*

  
\_\_\_\_\_  
Registered Agent's Signature

(CONTINUED)

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

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

**Title:**

"MGR" – Manager

"MGRM" – Managing Member

**Name and Address:**

MGRM

Leroy Mitchell

Po Box 784

Bonifay, FL 32425

MGMR


Wilma D. Williams

Po Box 784

Bonifay, FL 32425

**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.)

Leroy Mitchell

\_\_\_\_\_  
Typed or printed name of signee

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