## 10600003702

(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) WAIT PICK-UP MAIL (Business Entity Name) (Document Number) Certified Copies\_ Certificates of Status Special Instructions to Filing Officer:

Office Use Only



900069263169

84210706--61647--665 \*\*150.00

DIVISION OF CURPORATION

## **COVER LETTER**

TO: Registration Section Division of Corporation			
SUBJECT: SPRA	VT MITCHELL (Name of Limited	JR, LLC HLiability Company)	
The enclosed Articles of C	Organization and fee(s) are su	ibmitted for filing.	
Please return all correspon	dence concerning this matter	r to the following:	
GRAD	UT Mitchel	Name of Person)	
GRAN	T Mitchell	Jr_ Firm/Company)	
700	Deer woo	d Blvd	
GREEN	11/1e 71, 3	2331	
	(City/	State and Zip Code)	
For further information co	ncerning this matter, please	call:	
GRANT 11 (Name of	7.Tchell JR Person)	at (850) 997.  (Area Code & Daytime Te	- 1688
Enclosed is a check for	the following amount:		
\$125.00 Filing Fee [	(\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center	ns

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICI	E I	- Nam	e:
--------	-----	-------	----

The name of the Limited Liability Company is:

GOZAOT M. Tchell JR. LLC

(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C,")

## ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:	74 S	
700 Deenwood Blud Greenville 71. 92731	100 DECRW Greenville	71 33331	ggystærii Sp k
ARTICLE III - Registered Agent, Registe (The Limited Liability Company cannot serve as its own R			entered entered entered
business entity with an active Florida registration.)  The name and the Florida street address of the	he registered agent are:	<b>8 5</b>	

GRANT MITCHELL JR.

Name

700 Deerwood Blvd.

Florida street address (P.O. Box NOT acceptable)

GREENVILLE FL 3233/

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..

Sant Mitcheld
Registered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MCRM	GRENT MITCHELLAR TOO DEEKWOOD Blvd GREENVILLE 71, 32331
MERM	Elbyn McRoe 98 Repot Di Comont FL 32336
MGRM	Jason Grafals 1554 South Salt road Monticello FL, 32344
<u> </u>	SECRALLA
(Use attachment if necessary)	HASSEE
ICLE V: Effective date, if other than the	
90 days after the date of filing.)	be specific and cannot be more than five business days prio
REQUIRED SIGNATURE:	
Signature of a memb	Ticked At the second se
(In accordance with so of this document cons that the facts stated	ection 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury herein are true.

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)