Feb 16 07 09:17a Timor Behult OOOOOO 727-319-6300 Division of Corporations OOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOO	365
Electronic Filing Cover Sheet	
Note: Please print this page and use it as a cover sheet. Type the fax at number (shown below) on the top and bottom of all pages of the docume	ıdit nt.
((((H07000041094 3)))	
H070000410943ABCZ Note: DO NOT hit the REFRESH/RELOAD button on your browser from page. Doing so will generate another cover sheet.	
To: Division of Corporations Fax Number : (850)205-0383 From: Account Name : LAW OFFICE OF TIMOTHY C. SCHULER Account Number : I19990000239 Phone : (727)398-0011 Fax Number : (727)319-6300	FILED 07 FEB 16 AM 8: 21 SECRETARY OF STATE TALLAHASSEE, FLORIDA
FLORIDA/FOREIGN LIMITED-LIABILITY Mitchell Insurance Group, LLC	C O.

Certificate of Status	0
Certified Copy	0
Page Count	02 ·
Estimated Charge	\$125.00

Electronic Filing Menu

.

Corporate Filing Menu

..

nu Help

2/14/2007

https://efile.sunbiz.org/scripts/efilcovr.exe

Feb 16 07 09:17a Timothy Schuler 727-319-6300 p.2 890-209-0381 STIDISONI STOR PAGE UNITION LINEIDA DADE OF STATE



February 16, 2007

. . . .

FLORIDA DEPARTMENT OF STATE LAW OFFICES OF TIMOTHY C. SCHULER

SUBJECT: MITCHELL INSURANCE GROUP, LL , REF: W0700008144

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Section 608.407, Florida Statutes, requires the document(s) to be signed . .* by a member or by the authorized representative of a member.

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

If you have any questions concerning the filing of your document $\mathbb{F}\widehat{p}$ leave call (850) 245-6097. SEE.

Marsha Thomas Document Specialist FAX Aud. #: H07000041094 Letter Number: 807A00011628 · · · · ·

σ

AH

အဲ N

, OL LO

P.O BOX 6327 - Tallahassee, Florida 32314

Feb 16 07 09:18a

Timothy Schuler

727-319-6300 p.3 HU7000041094 3

•

34208.

ARTICLES OF ORGANIZATION OF MITCHELL INSURANCE GROUP, LLC, A Florida Limited Liability COMPANY

ARTICLE I NAME

The name of this limited liability company is **MITCHELL INSURANCE** GROUP, LLC, referred to in these Articles of Organization as the "Company."

ARTICLE II ADDRESS

The mailing address and street address of the principal office of the Company is $703 - 60^{th}$ Court East, Suite A, Bradenton, Florida

ARTICLE III REGISTERED OFFICE AND AGENT

· · · ·

۰.

1 N N N N

· · ·

The Company's registered agent is Timothy C. Schuler, And Schuler, And

ARTICLE IV MEMBERS

The organizer of the Company is Sylvia A. Mitchell, a natural person at least eighteen (18) years old, and the company will have two members initially, to wit:

Sylvia A. Mitchell William R. Mitchell

W:\Clients\4159\Art cf Organization.wpd

H07000041094 3

3

727-319-6300 p.4 HU7UUUU41U94 3

ARTICLE V PURPOSE AND POWERS

This Company is organized with a general business purpose and, has all powers provided by law and may use those powers to any lawful purpose.

ARTICLE VI MANAGEMENT BY MEMBERS

The Company will be managed by its member, Sylvia A. Mitchell.

ARTICLE VII

RELATIONSHIP OF ARTICLES OF ORGANIZATION TO OPERATING AGREEMENT

If a provision of these Articles of Organization differs from a provision of the Company's operating agreement, then, to the extent

allowed by law, these Articles will govern.

Executed this 13th day of February, 2007.

BY: SYLV Organizer

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 positions as registered agent as provided in Chapter 608, F.S.

TIMOTHY C. SCHULER

Registered Agent