# L09000039319

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

Office Use Only



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SEGNOTARY OF STATE TALLAHASSEE, FLORIDA

B. KOHR

APR 2 3 2009

**EXAMINER** 



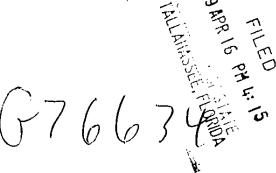
# FLORIDA DEPARTMENT OF STATE Division of Corporations

April 17, 2009

S. FELTON MITCHELL, JR., ESQ. S. FELTON MITCHELL, JR., PC P.O. BOX 7184 PANAMA CITY BEACH, FL 32413

SUBJECT: MFP, LLC

Ref. Number: W09000018083



We have received your document for MFP, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please note that we have RETAINED your \$130.00 payment.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

### Adding "of Florida" or "Florida" to the end of a name is not acceptable.

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) 245-6914.

Buck Kohr Regulatory Specialist II

Letter Number: 009A00012949

# **COVER LETTER**

TO:	Registration Division of C				. 00
SUBJI	ECT. MFP,	LLC			人程為為
30001			ed Liability Compa	iny)	6
The en	closed Articles	of Organization and fee(s) are	submitted for filing	<u>;</u> .	
Please	return all corres	pondence concerning this mat	ter to the following	:	Ont
	S. Felton	Mitchell, Jr., Esq.			
			(Name of Person)		C.
	S. Felton	Mitchell, Jr., PC			
			(Firm/Company)		
	P. O. Box	7184			
			(Address)	<del></del>	
	Panama (	City Beach, FL 324	13		
			y/State and Zip Code	)	
For fur	ther information	concerning this matter, please	e call:		
S. F	elton Mitcl	hell, Jr.	<sub>at (</sub> 251	476-410	0
	(Nam	e of Person)	(Area Code	& Daytime Tel	ephone Number)
Enclos	sed is a check f	or the following amount:			
□\$125.00 Filing Fee ✓		\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Certified Copy (additional copy	у	\$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	Registration Division C Clifton Bu 2661 Exec	of Corporations	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:								
The name of the Limited Liability Company is:								
		智智力						
MITCHELL FAMILY PROPERTIES, LLC								
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")								
ADDICE THE STATE OF THE STATE O								
ARTICLE II - Address:								
The mailing address and street address of the principal office of the Limited Liability Company is:								
		Ö.						
Principal Office Address:	Mailing Address:	<b>V</b>						
		3						
19211 Panama City Beach Pkwy., Suite 114	P. O. Box 7184							
Panama City Beach, FL 32413	Panama City Beach, FL 32413							
<del></del>								
		·						
ARTICLE III - Registered Agent, Registere	ed Office. & Registered Agent's :	Signature:						

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

S.	F.	Mitchell		
			Name	

19211 Panama City Beach Pkwy., Suite 114

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

Panama City Beach, FL 32413
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..

Registered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

# 

**REQUIRED SIGNATURE:** 

to or 90 days after the date of filing.)

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.)

S. Felton Mitchell, Jr.

Typed or printed name of signee

#### 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)