

L14000088666

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

(Business Entity Name)

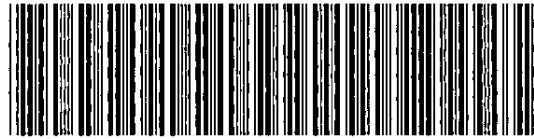
(Document Number)

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JUN - 3 2014  
A. LUNT

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RECEIVED  
DIVISION OF CORPORATE  
REGISTRATION  
PALM BEACH, FLORIDA

14 JUN -3 AM 11:16

APPROVED  
FILED

RECEIVED

14 JUN -3 AM 11:06  
DIVISION OF CORPORATE  
REGISTRATION

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Mitchell Tile & Flooring 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:

John T. Mitchell  
Name of Person

Mitchell Tile & Flooring LLC  
Firm/Company

9479 Barwick Drive  
Address

Tallahassee Florida 32305  
City/State and Zip Code

Lurch11075@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John T. Mitchell at (850) 363-2824  
Name of Person Area Code Daytime Telephone Number

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 Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Mitchell Tile & Flooring LLC  
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC")

ARTICLE II - Address:

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

Principal Office Address:

9479 Barwick Dr  
Tallahassee FL  
32305

Mailing Address:

9479 Barwick Dr  
Tallahassee FL  
32305

ARTICLE III - Registered Agent, Registered 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:

Kelly Arnold  
Name  
9479 Barwick Dr  
Florida street address (P.O. Box NOT acceptable)  
Tallahassee FL 32305  
City Zip

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TALLAHASSEE, FLORIDA

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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 605, F.S..

Kelly Arnold  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

AMBR

Name and Address:

John T. Mitchell  
9429 Berwick Dr  
Tallahassee FL 32305

Kelly Arnold  
9479 Bannick Dr  
Tallahassee FL 32305

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 6-03-2014 (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 days after the date of filing.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

John T. Mitchell

Kelly Arnold

Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

John T. Mitchell

Kelly Arnold

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)