U40052830

(Requestor's Name)	300277991773	
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL	10/19/1501024012 **50.00	
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:	SELECTION OF SELEC	

Office Use Only

9CT 2 0 2015 S. YOUNG



<u>cric@erichaug.com</u> Post Office Box 12031 Tallahassee, Florida 32317

P: 850.583.1480 C: 850.251.2463 F: 850.297.0300

October 15, 2015

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314-6327

RE: Mitch Mitchell, LLC [L14000152830]

Mitch Mitchell Farms, LLC [L14000152851]

Enclosed please find two Statements of Authority for filing. Please return all correspondence concerning this matter to me at the above address. Please also use the above email address for future annual report notifications.

Also enclosed is check number 2250 in the amount of \$50.00 in payment of the filing fees.

Please do not hesitate to call if you have any questions and thank you in advance for your attention to this matter.

Sincerely,

Eric S. Haug

Enclosures

STATEMENT OF AUTHORITY

authority		ng statement of
FIRST:	The name of the limited liability company is: Mitch Mitchell, LLC	
SECONI	D: The Florida Document Number of the limited liability company is: L14000152830)
THIRD:	The street address of the limited liability company's principal office is: 414 Riverside Drive SE	
	Steinhatchee, Florida 32359	
•	The mailing address of the limited liability company's principal office is: Post Office Box 320	
	Steinhatchee, Florida 32359-0320	
position of person of	H: This statement of authority grants or sets limitations of authority on all persons having of a person in a company, whether as a member, transferee, manager, officer or otherwise on the following: 1. May execute an instrument transferring real property held in the name of the company a. Granted to: Henry F. Mitchell, Jr.	or to a specific
	b. No authority granted to:	· · · · · · · · · · · · · · · · · · ·
	2. May enter into other transactions on behalf of, or otherwise act for or bind, the compa a. Granted to: Henry F. Mitchell, Jr.	iny, Sign
	b. No authority granted to:	
Signature	Henry F. Mitchell, J Typed or printed name of Filling Fee: \$25.00	

Certified Copy: \$30.00 (optional)

CR2E138 (2/14)