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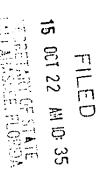
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COVER LETTER

	Registration Section Division of Corporations	
SUBJEC	Theresa Blauch Mitchell LLC	
SOBJEC	T:Name of Limited Liability Company	
The enclo	osed Articles of Organization and fee(s) are submitted for filing.	
Please ret	turn all correspondence concerning this matter to the following:	
	Theresa Blauch Mitchell	
	Name of Person	
	N/A	
	Firm/Company	
	4340 S. Gulf Circle	
	Address	
	North Fort Myers, FL 33903	
	City/State and Zip Code theresa@bobackcommercialgroup.com	
	E-mail address: (to be used for future annual report notification)	
For further	information concerning this matter, please call:	
	Theresa Blauch Mitchell 239 265-2628 at (
	Name of Person Area Code Daytime Telephone Number	
Enclosed	is a check for the following amount:	
\$125.00	Filing Fee \$\ \text{Certificate of Status} \ \text{S155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \ \text{Certified Copy (additional copy is enclosed)} \ Certif	
	Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301	1] - 1

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liab	ility Company is:			FILED
m				15 OCT 22 AH 10: 35
Theresa Blauch M (Must er	id with the words "Limited	Liability Compa	ny, "L.L.C.," or "LLC.")	
·		, ,	•	DECRETARY OF STATE ALLAHASSEE, FLORIDA
ARTICLE II - Address: The mailing address and stree	t address of the principal of	fice of the Limit	ed Liability Company is:	
Princ	ipal Office Address:		Mailing Addr	ess:
4340 S. Gulf Circl	e	43	40 S. Gulf Circle	
North Fort Myers,	FL 33903	No.	orth Fort Myers, FL 33903	····
another business entity with a		agent are:		
		Name		
	4340 S. Gulf Circle	(D.O. D. NOT		
	Florida street address	(P.O. Box <u>NO 1</u>	, acceptable)	
	North Fort Myers	FL	33903	
	City	State	Zip	
laving been named as registere lace designated in this certifica irther agree to comply with the m familiar with and accept the	ate, I hereby accept the appo provisions of all statutes re- obligations of my position a	intment as regist lating to the prop is registered ages	ered agent and agree to act i er and complete performand	in this capacity. I ce of my duties, and I
• "		(CONTINUEI))	

Page 1 of 2

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager MGR	Theresa Blauch Mitchell
	4340 S Gulf Circle
	North Fort Myers, FL 33903
(Use attachment if necessary)	
EV: Effective date, if other than the d ctive date is listed, the date must be filing.) the date inserted in this block does no	late of filing: 10/14/15 (OPTIONAL) specific and cannot be more than five business days prior to or 90 of the state of the applicable statutory filing requirements, this date will not be the of State's records.
EV: Effective date, if other than the d ctive date is listed, the date must be filling.) the date inserted in this block does no nent's effective date on the Department.	specific and cannot be more than five business days prior to or 90 of our meet the applicable statutory filing requirements, this date will not be
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E V: Effective date, if other than the dective date is listed, the date must be filing.) the date inserted in this block does not ment's effective date on the Department E VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a This document is exert am aware that any file.	specific and cannot be more than five business days prior to or 90 of the state of the applicable statutory filing requirements, this date will not be ent of State's records.
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EV: Effective date, if other than the dective date is listed, the date must be filing.) the date inserted in this block does not nent's effective date on the Department EVI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a This document is exert am aware that any find constitutes a third degonation.	member or an authorized representative of a member. ecuted in accordance with section 605.0203 (1) (b), Florida Statutes. alse information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S. ch Mitchell Typed or printed name of signee Filing Fees: Organization and Designation of Registered Agent