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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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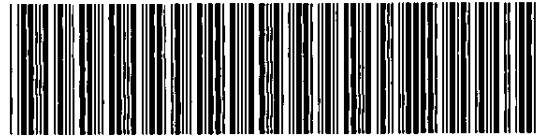
(Business Entity Name)

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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
16 APR 28 AM 10:33

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Robert Mitchell Towing 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:

Dale S. Wilson / Penny Hopper  
Name of Person

Dale S. Wilson P.A.  
Firm/Company

P O Box 1808  
Address

Green Cove Springs FL 32043  
City/State and Zip Code

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

For further information concerning this matter, please call:

Penny Hopper at (904) 284-5618  
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**

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

16 APR 28 AM 10:33  
STATE OF FLORIDA  
DIVISION OF CORPORATIONS

**ARTICLES OF ORGANIZATION**  
**OF**  
**ROBERT MITCHELL TOWING, LLC**

SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
16 APR 28 AM 10:33

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, F.S. Chapter 605, hereby makes, acknowledges, and files the following Articles of Organization.

**ARTICLE I**  
**NAME**

The name of the Limited Liability Company is **ROBERT MITCHELL TOWING, LLC.**

**ARTICLE II**  
**ADDRESS**

The mailing address and street address of the principal office of the company is:  
3175 Dothan Road, Green Cove Springs, Florida 32043.

**ARTICLE III**  
**DURATION**

The period of duration for the Limited Liability Company shall be perpetual.

**ARTICLE IV**  
**REGISTERED OFFICE/AGENT**

The name and the Florida street address of the Registered Agent are:

Robert Mitchell  
1475 Russell Road  
Green Cove Springs, FL 32043

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.

  
Robert Mitchell

**ARTICLE V**  
**MANAGING MEMBERS/DIRECTORS**

**Title:**

**Name and Address:**

AMBR

Robert Mitchell  
1475 Russell Road  
Green Cove Springs, FL 32043

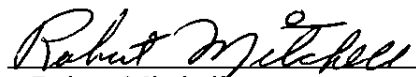
AMBR

Eva Mitchell  
1475 Russell Road  
Green Cove Springs, FL 32043

AMBR

Anissa M. Holstein  
1081 Little Ruth Road  
Green Cove Springs, FL 32043

This document is executed in accordance with section 605.0203(1)(b), Florida Statutes. 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.

  
Robert Mitchell

16 APR 28 AM 10:33  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS