# L17000 136299

(Re	equestor's Name)			
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PICK-UP	☐ WAIT	MAIL		
(Bu	usiness Entity Nar	ne)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only

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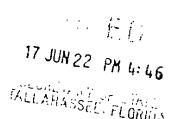
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TALLAHASSEE FLORIDA

17 JUN 22 PM 4:40

Sandra Mitchell Sandra Mitchell, LLC 25322 Felicity Court Leesburg, FL 34748



June 26, 2017

New Filing Section Division of Corporations PO Box 6327 Tallahassee, FL 32314

Re Sandra Mitchell, LLC

Dear Sir or Madam:

I have enclosed an Articles of Organization for Sandra Mitchell, LLC, a completed form cover letter and a check for the \$125 filing fee.

Please return all correspondence concerning this matter to:

Sandra Mitchell Sandra Mitchell, LLC 25322 Felicity Court Leesburg, FL 34748 smitchell@chesterpoint.com

For further information concerning this matter, please call me at

Thank you.

Very truly yours

-Sà<del>n</del>dfa Mitchell

Enclosures

## COVER LETTER

	v Filing Section ision of Corporations			
SUBJECT:	Sandra Mitchell, LLC			
(71)10117.51	Name of Limited Liability Company			
The enclosed	Articles of Organization and fee(s) are submitted for filling.			
Please return	all correspondence concerning this matter to the following:			
S	Sandra Mitchell			
	Name of Person			
S	Sandra Mitchell, LLC			
_	Firm/Company			
2	5322 Felicity Court			
_	Address			
I	.eesburg, FL 34748			
_	City/State and Zip Code			
<u>sn</u>	E-mail address: (to be used for future annual report notification)			
For further info	ormation concerning this matter, please call:			
Si	at (352 ) 205-3054			
	Name of Person Area Code Daytime Telephone Number			
Enclosed is a	check for the following amount:			
<b>\$</b> 125.00 Filir	S130.00 Filing Fee & Certificate of Status  S155.00 Filing Fee & Certificate of Status  Certified Copy (additional copy is enclosed)  S160.00 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

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liabili			17 JU	JN 22 PM 4: 46
Sandra Mitchell, LL	С		رو د د د د د د د د د د د د د د د د د د د	
(Must cont	ain the words "Limited	Liability Company.	"L.L.C.," or "LLCIALLA)	43855 201
ARTICLE II - Address: The mailing address and street a				" " EU F LARIOA
Principal Office Address:			Mailing Address:	
Sandra Mitchell		San	dra Mitchell.	
25322 Felicity Cour	1	253	22 Felicity Court	
Leesburg, FL 34748		Lee	sburg, FL 34748	
The name and the Florida street	address of the registered Sandra Mitchell	l agent are:		
		Name		
	25322 Felicity Court			
	Florida street address (P.O. Box NOT acceptable)			
	Leesburg	FL	34748	
	City	State	Zip	
Having been named as registered place designated in this certificate further agree to comply with the p am familiar with and accept the of	. I hereby accept the app rovisions of all statutes r bligations of my position	ointment as register elating to the prope	ed agent and agree to act in t r and complete performance o as provided for in Chapter 60	his capacity. I of my duties, and I

(CONTINUED)

Registered Agent's Signature (REQUIRED)

<u>Title:</u> "AMBR" = Authorized Mem	Name and Address:
"MGR" = Manager AMBR	Sandra Mitchell
	25322 Felicity Court
	Leesburg, FL 34748
- <del></del> -	
	And the second s
	The second secon
(Use attachment if necessary	
ARTICLE V: Effective date, if other t (If an effective date is listed, the date	han the date of filing: 6.26.17 (OPTIONAL) must be specific and cannot be more than five business days prior to or 90 days after
the date of filing.)	must be specific and cannot be more than five trainings days prior to or 70 days ares
	k does not meet the applicable statutory filing requirements, this date will not be listed as Department of State's records.
ARTICLE VI: Other provisions, if any	•
REQUIRED SIGNATURE	Sandia a MitiAD
	ure of a member or an authorized representative of a member.
This docume	ent is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
l am aware ti constitutes a	hat any false information submitted in a document to the Department of State third degree felony as provided for in s.817.155, F.S.
Sandi	a Mitchell
-	Typed or printed name of signee

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

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)