118000194288

(Requestor's Name)	
· (Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

Office Use Only



200314458672

200314458672 06/13/18--01004--011 **125.00

10 1111 13]] 110:5

SHIND THE STATE OF STATE

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Mi Tchell (Must contain the words "Limited Liability Company. "L.	Transport LEC
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Lia	bility Company is:
Principal Office Address:	Mailing Address:
348 Byrd red Owney Fl. 32351	
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's (The Limited Liability Company cannot serve as its own Registered Agent. You another business entity with an active Florida registration.)	Signature: must designate an individual or
The name and the Florida street address of the registered agent are:	
Jerome Mitchell 348 Byrod rd Name	/
Florida street address (P.O. Box NOT acce	ntable)
Qu'ncn F1. 323	<u></u>

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..

City /

(CONTINUED)

Registered Agent's Signature (REQUIRED)

State

Zip

ESIRETARY OF S

JUNI3 AHII: I

The name and address of each person author	orized to manage and control the Limited Liability Company:
<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
Amhr	Jerome Mitchell
,	348 Byrd rd. Quincy Fl
4.Λ	3435/
Manager	Michael Myrick
	348 Byr. V/RV.
•	(V), 120 (-1. 02.))
 ;	
(Use attachment if necessary)	
(If an effective date is listed, the date must be specthe date of filing.)	f filing:
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	theld
// This document is execute I am aware that any false	nber or an authorized representative of a member. ed in accordance with section 605.0203 (1) (b). Florida Statutes, information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.
Jerom	e M'Tche/ Typed or printed name of signee

\$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)