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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

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UES

November 15, 2018

KIMBERLY A MITCHELL  
415 MAJORCA AVE  
ALTAMONTE SPRING, FL 32714

SUBJECT: KIMBERLY A MITCHELL, LLC  
Ref. Number: W18000099492

*Please see  
Attached Correction*

We have received your document for KIMBERLY A MITCHELL, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

REGISTERED AGENTS NAME IS NOT CONSISTENT.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Keyna E Page  
Regulatory Specialist II

Letter Number: 618A00023489

**COVER LETTER**

**TO: New Filing Section  
Division of Corporations**

**SUBJECT:** Kimberly A. Mitchell, 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:

Kimberly A. Mitchell

Name of Person

Kimberly A. Mitchell, LLC

Firm/Company

415 Majorca Ave

Address

Altamonte Springs, FL 32714

City/State and Zip Code

kmitchell@shiplegacy.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kimberly A. Mitchell

321

303-6513

at ( )

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

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


RE: Kimberly A. Mitchell, LLC  
415 Majorca Ave  
Altamonte Springs, FL 32714

To whom it may concern,

As owner of Kimberly A. Mitchell, Inc. document #P16000094555, I hereby ask the Division of Corporation with the State of Florida to proceed with the filing of the above entity. Enclosed are all the necessary New Filing forms for Articles of Organization along with payment.

Please call my representative Melisa B. Elliott with Wolfe Financial Group at 407-333-0355 ext. 211 with any questions.

Thank You,

  
Kimberly A. Mitchell  
President

10/29/2018  
Date

18 NOV 28 AM 5:38  
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Kimberly A. Mitchell, LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

415 Majorca Ave

Altamonte Springs, FL 32714

Mailing Address:

415 Majorca Ave

Altamonte Springs, FL 32714

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Kimberly A. Mitchell

Name

*Kimberly A. Mitchell*

415 Majorca Ave

Florida street address (P.O. Box **NOT** acceptable)

Altamonte Springs

FL

32714

City

State

Zip

*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..*

Kimberly A. Mitchell

**Registered Agent's Signature (REQUIRED)**

(CONTINUED)

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TALLAHASSEE, FLORIDA

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

**Name and Address:**

Kimberly A. Mitchell

415 Majorca Ave

Altamonte Springs, FL 32714

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 01/01/2019. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**

Kimberly A Mitchell

**Signature of a member or an authorized representative of a member.**

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.

Kimberly A Mitchell

Typed or printed name of signee

**Filing Fees:**

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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CLERK OF THE COURT  
TALLAHASSEE, FLORIDA