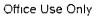
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COVER LETTER

TQ: New Filing Section Division of Corporations		
SUBJECT: //////////////	Name of Limited Liability Company	
The enclosed Articles of Organization a	and fee(s) are submitted for filing.	
Please return all correspondence concer	rning this matter to the following:	
	31. an Mitchell	
	3 Capital circle 371 Address	
	7/1 <i>F/c</i> 32 30/ City/State and Zip Code	
<u> </u>	City/State and Zip Code bg. + bm a gmail. (om s: (to be used for future annual report notification)	
For further information concerning this		
Br.un M.H.hel Name of Person	11 at (850) 264-6276 Area Code Daytime Telephone Number	
Enclosed is a check for the following:	amount:	
	S155.00 Filing Fee & S160.00 Filing Fee. e of Status (additional copy is enclosed) (additional copy is enclosed) (additional copy is enclosed)	
Mailing Address	Street Address	
New Filing Section New Filing Section Division of Corporations Division of Corporations		
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle		

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ΑĪ	₹T	TCL	Æ	1 -	Na	me:
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The name of the Limited Liability Company is:

Mitchell's Maintenance & Home Repairs LLC
(Must contain the words "Limited Liability Company, "L.L.C." or "L.C.")

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:
1563 capitalcircle371	1563 capital wirde 371
3.23.01	32361

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:

| Snan / iH(he/|
Name
| 1563 Capital Circle 37/
Florida street address (P.O. Box NOT acceptable)

791/ 7/61. 32.3.01 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.

Registered Agent's Signature (REQUIRED

(CONTINUED)

The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: <u>Title:</u> lember<u>کٹیمنٹیل</u> MGR" = Manager Buan Mitche (Use attachment if necessary) ____. (OPTIONAL) ARTICLE V: Effective date, if other than the date of filing: ___ (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 at the document's effective date on the Department of State's records. ARTICLE VI: Other provisions, if any, REQUIRED SIGNATURE: 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.,

Filing Fees:

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)