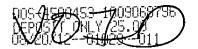
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SECRETARY OF STATE ALLAHASSEE, FLORIDA

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#### FLORIDA DEPARTMENT OF STATE Division of Corporations

August 29, 2012

STEPHEN J. KOLSKI CATLIN SAXON FINK & KOLSKI, LLP 2600 DOUGLAS ROAD, SUITE 1003 CORAL GABLES, FL 33134

SUBJECT: MITCHELL GROUP USA LLC

Ref. Number: M08000001056

FILED

12 SEP -7 PH 3: 00

SECRETARY OF STAIL
TALLAHASSEE, FLORIDA

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

Because the above referenced out-of-state limited liability company cannot file an annual report form until January 1st of the next calendar year, the entity must complete the AFFIDAVIT BY FOREIGN LIMITED LIABILITY COMPANY TO CHANGE MANAGER(S) OR MANAGING MEMBER(S), to amend the manager(s) or managing member(s) on our records.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6051.

Deborah Bruce Regulatory Specialist II

Letter Number: 312A00022065

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: MI+WEIL GROUP USA, LLC Name of Foreign Limited Liability Comp	any
Dear Sir or Madam:	
The enclosed Affidavit by Foreign Limited Liability Company to Managing Member(s) and fee(s) are submitted for filing.	Change Manager(s) or
Please return all correspondence concerning this matter to the following	lowing:
Stephen J. Kolski Name of Person	
Name of Person  Cuttin Suxon  Firm/Company	
Cuttin Suxon	
Firm/Company 1003	
1600 Douglas Roud, Suite Harm	
Coval bables, FL 33134 City/State and Zip Code	
City/State and Zip Code	
Steale Knibilia 1041in - Suran 1044	
Stevckolblig Catlin - Suxon. Com E-mail address: (to be used for future annual report notificat	ion)
E man address. (to be used to: tatale annual report normal	
For further information concerning this matter, please call:	
·	~ 0~
Styphen J. Kolskel at (305) 371 - 98  Name of Person Area Code and Daytim	5 15 K 115
Name of Person Area Code and Daytim	ne Telephone Number
STREET/COURIER ADDRESS: MAILING A	DDRESS.
Registration Section Registration S	
Division of Corporations Division of Co	
Clifton Building P.O. Box 632	
	Florida 32314
Enclosed is a check for the following amount:	
\$25 Filing Fee Status Certified Copy	\$60 Filing Fee, Certificate of Status & Certified Copy

# AFFIDAVIT BY FOREIGN LIMITED LIABILITY COMPANY TO CHANGE MANAGER(S) OR MANAGING MEMBER(S)

1. The name of the limited liability compar Department of State is: Mitchell Gra	ny as it appears on the records of the Florida	•
2. This entity was formed under the laws o	fi the State of Debucre .	
3. This entity was authorized to transact but and its Florida document/registration numbers.	er is MO8 000001056	
4. The name and address of each manager	or managing member is as follows:	
Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
MBRM	Michel Farah 15.E. 3rd Avenue, Suite 186 Milmi, FL 33131	, <b>D</b> 7AL
		2 SEP -7 CRETARY LAHASSEI
		PH 3: 00
		.)
Required Signature:		
Michel Para	Managing Member or Member  Process \$25	

### **VERIFICATION**

Under penalties of perjury, I declare that I have read the foregoing document and the facts stated therein, based upon my personal knowledge, are true and correct.

Michel Farah
Sworn to and subscribed before me this 5 day of September, 2012, by Michel Farah.
Camille Oliveira  CONMISSION & EE 026105  EXPIRES: SEP. 14, 2014  WWW.AARONNOTARY.COM  Notary Public, State of Florida
(Commission Seal and Notary's Name)
Personally known OR Produced Identification Type of identification produced

FILED

12 SEP - 7 PH 3: 00

SECRETARY OF SIALE
TALLAHASSEF, ELIMINATION