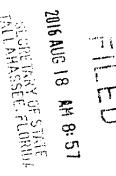
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(Re	equestor's Name)				
(Ad	ldress)				
(Ad	ldress)				
(Cit	ty/State/Zip/Phone	#)			
PICK-UP	MAIT WAIT	MAIL			
(Bu	siness Entity Nam	ne)			
(Do	ocument Number)				
Certified Copies	Certificates	of Status			
Special Instructions to Filing Officer:					
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Office Use Only



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RECEIVED
DEPARTMENT OF STAN

K. 3ALY EXAMINER AUG 19 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 249636 7213916

AUTHORIZATION :

COST LIMIT : \$125.00

ORDER DATE: August 10, 2016

ORDER TIME : 3:25 PM

ORDER NO. : 249636-005

CUSTOMER NO: 7213916

FOREIGN FILINGS

NAME: MITCHELL MANAGEMENT LLC

MITCHELL FAMILY INTERESTS LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER:

COVER LETTER

	gistration Section vision of Corporatio	ns							
SUBJECT	Mitchell Manageme								
Name of Limited Liability Company									
		reign Limited Liability Comp ed to register the above refere							
Please retur	n all correspondence	concerning this matter to the	following:						
	Eileen Kang								
		N	ame of Person						
	Loeb & Loeb I	LLP							
		Fi	rm/Company						
	10100 Santa Monica Boulevard, Suite 2200								
			Address						
	Los Angeles, C	CA 90067							
City/State and Zip Code									
	ekang@loeb.com	n							
		E-mail address: (to be used	for future annual	report not	ification)				
For further	information concernin	g this matter, please call:							
Ei	leen Kang		310 at (788-709	98				
	Name o	of Contact Person	Area Code	Day	time Telephone Number				
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314		STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301							
	a check for the follow \$125.00 Filing Fee	ing amount: ☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filir Certified Copy	ng Fee &	☐ \$160.00 Filing Fee, Ce of Status & Certified Cop				

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Mitchell Management l				
(Name of Fore	eign Limited Liability Company	y; must include "Limited Liabil	ity Company," "L.L.C.,"	or "LLC.")
Mitchell Family Interests	LLC		<u>.</u>	
Liability Company," "L.L.C,"	Iternate name adopted for the property or "LLC.")	urpose of transacting business is	n Florida. The alternate i	name must include "Limited
2. Delaware		3.		
(Jurisdiction under the law company is organized)	of which foreign limited liabili	ty	(FEI number, if applicat	ole)
4.				
	(See sections 605.0904 &	ousiness in Florida, if prior to re & 605.0905, F.S. to determine p	gistration.) enalty liability)	
5. 1605 Main Street, Suit	te 905			_ = 2
Sarasota, FL 34236				2016 AUG
		ss of Principal Office)		一
6. 1605 Main Street, Suite	_ 32 5			
Sarasota, FL 34236				Fre z
	(Mai	iling Address)		70 8
7. Name and street addres	ss of Florida registered agent	: (P.O. Box NOT acceptab	le)	- R. S.
Name:	Corporation Service Comp	oany		
Office Address:	1201 Hays Street			
	Tallahassee	_	Florida 32301	
	(Cit	y) -	(Zip code)	
Registered agent's accep		t comitse of process for the s	shows stated limited lie	ability company at the place
				this capacity. I further agree
			erformance of my dut	ies, and I am familiar with and
accept the oougations of t	my position as registered ag Corporation Service Con	npany 1	1/2	Melissa Zender
	By:	111-700	1	Asst. Vice President
	ч)	Registered agent's signature)		rice i resident
8. The name, title or capa	icity and address of the person	on(s) who has/have authority	to manage is/are:	
Jonathan E. Mitchell, Mar	nager			
1605 Main Street, St	uite 905 Sarasota, FL 3	4236		
<u> </u>				
9. Attached is a certificate	of existence, no more than 9	00 days old, duly authenticate	ed by the official havir	ng custody of records in the
jurisdiction under the law o of the translator must be so	of which it is organized. (If the shorted)	the certificate is in a foreign	language, a translation	of the certificate under oath
or the translator thus, be st	Eilen Ko	1 111N		
		ature of an authorized person	 	
I his document is executed submitted in a document to	in accordance with section to the Department of State cor	505.0203 (1) (b), Florida Sta istitutes a third degree felony	tutes. I am aware that a	any false information
	Eileen Kang		pro-rado tor in dio	
	Турес	d or printed name of signee		
	•			

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "MITCHELL MANAGEMENT, LLC" IS DULY

FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE TENTH DAY OF AUGUST, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MITCHELL MANAGEMENT, LLC" WAS FORMED ON THE TWELFTH DAY OF JANUARY, A.D. 2006.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

2016 AUS 18 AM 8: 57

4093244 8300 SR# 20165303166 Authentication: 202803594

Date: 08-10-16

You may verify this certificate online at corp.delaware.gov/authver.shtml