

P11000077164

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(Business Entity Name)

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COVER LETTER

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

SUBJECT: Mitchell Financial, Inc.

(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 Filing Fee
☐ \$78.75 Filing Fee
& Certificate of Status

☒ \$78.75 Filing Fee
& Certified Copy
☐ \$87.50 Filing Fee,
Certified Copy
& Certificate of
Status
ADDITIONAL COPY REQUIRED

FROM: John Mitchell

Name (Printed or typed)

3025 Castle Rock Circle

Address

Land O Lakes FL 34639

City, State & Zip

(909)919-4397

Daytime Telephone number

john@jmitchellfinancial.com

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

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME Mitchell Financial, Inc.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
27221 State Rd. 56
Suite 147
Wesley Chapel FL 33544

Mailing address, if different is:
3025 Castle Rock Circle
Land O Lakes FL 34639

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Financial Consulting

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Pamela Mitchell-President	Name and Title: _____
Address: 3025 Castle Rock Circle	Address: _____
Land O Lakes FL 34639	_____
_____	_____

Name and Title: John Mitchell-CFO	Name and Title: _____
Address: 3025 Castle Rock Circle	Address: _____
Land O Lakes FL 34639	_____
_____	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: John Mitchell
Address: 3025 Castle Rock Circle
Land O Lakes FL 34639

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: John Mitchell
Address: 3025 Castle Rock Circle
Land O Lakes FL 34639

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TALLAHASSEE, FLORIDA

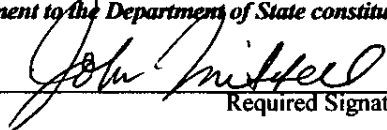
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

8/15/2011
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the 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.



Required Signature/Incorporator

8/15/2011
Date