

P13000035942

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

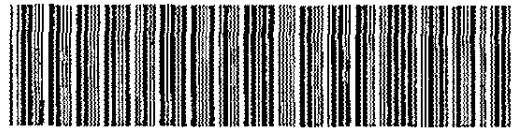
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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13 APR 19 AM 11:23
CLERK OF STATE
TALLAHASSEE FLORIDA

FILED

COVER LETTER

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

SUBJECT: THE MITCHELL GROUP 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: PAUL MITCHELL
Name (Printed or typed)

344 FOWLING ST
Address

PLAYA DEL REY, CA 90293
City, State & Zip

310-946-9287
Daytime Telephone number

PAUL.MITCHELL@AGILITYRECOVERY.COM
E-mail address: (to be used for future annual report notification)

STATE OF FLORIDA
TALLAHASSEE

13 APR 19 AM 11:23

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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

The name of the corporation shall be: Mitchell Holdings Group Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

344 Fawling St.
Playa Del Rey, CA
90293

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY LAWFUL BUSINESS PURPOSES

ARTICLE IV SHARES

The number of shares of stock is: 100,000

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ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: CEO - Paul Mitchell

Name and Title: _____

Address

344 Fawling St.
Playa Del Rey, CA
90293

Address: _____

Name and Title: _____

Name and Title: _____

Address

Address: _____

Name and Title: _____

Name and Title: _____

Address

Address: _____

18 APR 19 APR 11:23
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

FILING CANCELLED
RETURNED CHECK

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: CORRINE SMILEY
Address: 3255 NE 184TH ST.
NORTH MIAMI BEACH, FL 33160

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: PAUL MITCHELL
Address: 344 TOWLING ST.
PLAYA DEL REY, CA 90293

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

Corrine Smiley
Required Signature/Registered Agent

4/15/13
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.

Paul Mitchell
Required Signature/Incorporator

4/15/13
Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

13 APR 19 AM 11:2

FILED