

P14000083457

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

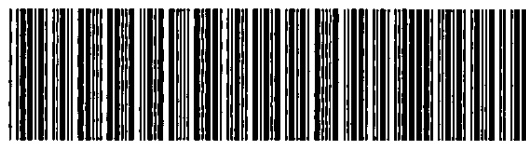
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OCT 09 2014

T. SCOTT

COVER LETTER

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

FILED
14 OCT -9 PM 3:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: Mitchell Custom Services 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

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

FROM: Thomas J. Mitchell IV (4)
Name (Printed or typed)

113 SW Kentucky
Address

Fl. White FL
City, State & Zip

(352) 317-6492
Daytime Telephone number

N/A
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

The name of the corporation shall be: Mitchell Custom Services Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

113 Sw. Kentucky

Ft. White FL 32038

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To conduct legal business, get
insurance and re-activate my license.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Thomas J. Mitchell IV (President) Name and Title: _____

Address: 113 Sw Kentucky Address: _____

Ft. White FL 32038

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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CLERK OF STATE
TALLAHASSEE, FLORIDA

(conti.)

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: Thomas J. Mitchell IV
Address: 113 SW. Kentucky
Fl. White FL 32038


ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Thomas J. Mitchell IV
Address: 113 SW. Kentucky
Fl. White FL 32038

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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

10-02-2014
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

10-02-2014
Date



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 17, 2014

THOMAS J. MITCHELL IV
113 SW KENTUCKY
FT WHITE, FL 32038

SUBJECT: MITCHELL DIVERSIFIED INC.
Ref. Number: W14000056908

We have received your document for MITCHELL DIVERSIFIED INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return the corrected original and one copy of 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) 245-6052.

Tyrone Scott
Regulatory Specialist II
New Filings Section

Letter Number: 614A00019901