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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

(Business Entity Name)

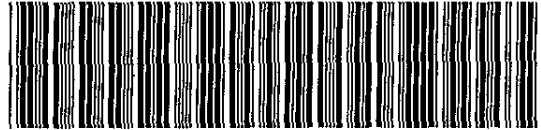
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EFFECTIVE DATE

10-10-04

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10-11-04

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MYSTIC DEVELOPMENT PARTNERS, LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JAMES F. ELLUL
(Name of Person)

MYSTIC DEVELOPMENT PARTNERS, LLC
(Firm/Company)

2263 W. NEW HAVEN AVE #301
(Address)

W MELBOURNE, FLORIDA 32904
(City/State and Zip Code)

For further information concerning this matter, please call:

JAMES F ELLUL
(Name of Person)

at (772) 532 6664
(Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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AHO
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MYSTIC DEVELOPMENT PARTNERS, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

2263 W NEW HAVEN AVE, 301
W MELBOURNE, FLORIDA
32904

Mailing Address:

2263 W NEW HAVEN AVE, 301
W MELBOURNE, FLORIDA
32904

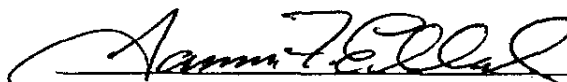
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

JAMES F. ELLI
Name
2263 W NEW HAVEN AVE, 301
Florida street address (P.O. Box **NOT** acceptable)
W MELBOURNE, FL 32904
City, State, and Zip

EFFECTIVE DATE
10-10-04

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..


Registered Agent's Signature

(CONTINUED)

AND
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

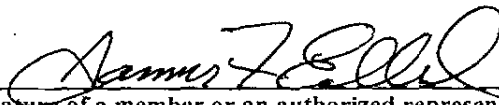
"MGR"

JAMES F. ELLI
2263 W NEW HAVEN AVE, 301
W MELBOURNE, FLORIDA 32909

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

JAMES F. ELLI

Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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TALLAHASSEE, FLORIDA

ARTICLE V – Effective Date:

The effective date of this Limited Liability Company is to be
June 10, 2004

Signed by 
MRG

AND
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04 JUN -9 PM 2:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA