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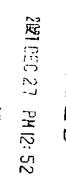
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PICK-UP WAIT MAIL	
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Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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COVER LETTER

TO:

New Filing Section Division of Corporations

Tallahassee, FL 32314

SUBJECT: MYSTIC GYPSY WAGIC 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:
Juliss P Santia 60 Name of Person
MYSTIC GYPSY MAGIC LLC Firm/Company
10780 OAK Glen Circle Oxfondo FC32817
Orlando, FL 32817 City/State and Zip Code
$\frac{1}{2}$
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□\$125.00 Filing Fee & □\$130.00 Filing Fee & □\$155.00 Filing Fee & □\$160.00 Filing Fee. Certificate of Status (additional copy is enclosed)
Mailing AddressStreet AddressNew Filing SectionNew Filing Section DivisionDivision of CorporationsThe Centre of TallahasseeP.O. Box 63272415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
MYSTIC GYPSY MAGIC (Must contain the words "Limited Liability C	
ARTICLE II - Address: The mailing address and street address of the principal office of the	e Limited Liability Company is:
Principal Office Address:	Mailing Address:
10780 OAK Glen Circle Orlando, FL 32817	10780 OAK Glen CINCIC Orlando, FL 32817
ARTICLE III - Registered Agent, Registered Office, & Registe The Limited Liability Company cannot serve as its own Registered mother business entity with an active Florida registration.)	red Agent's Signature: d Agent. You must designate an individual or
The name and the Florida street address of the registered agent are:	
Julissa 5.	anti AGO

Name

10780 OAK GIEN CIPCLE

Florida street address (P.O. Box NOT acceptable)

Orlando FL 33817

City State Zip

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 605, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MOR	Julissa santiaco 10780 OAK GIEN CIRCLE Orlando, FL 32817
(Use attachment if necessary)	
the date of filing.)	e of filing:
REQUIRED SIGNATURE:	03
I am aware that any falso constitutes a third degree	ember an authorized representative of a member. ted in accordance with section 605.0203 (1) (b). Florida Statutes. e information submitted in a document to the Department of State are felony as provided for in s.817.155, F.S. Santia 60 Typed or printed name of signee
	Filing Fees: ganization and Designation of Registered Agent