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ACCOUNT NO. : 072100000032

REFERENCE: 393534

COST LIMIT : \$ 125.00

ORDER DATE: December 17, 2001

ORDER TIME : 12:13 PM

ORDER NO. : 393534-005

CUSTOMER NO:

109203A

CUSTOMER: Susan Vaught, Esq

Kodsi & Eisenstein, P.a.

One Cypress Plaza, Suite 302 701 W. Cypress Creek Road Fort Lauderdale, FL 33309

NAME:

MIST INVESTMENTS, LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY _ PLAIN STAMPED COPY

_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea - EXT. 1114

EXAMINER'S INITIALS:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MIST INVESTMENTS, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is: 7772 Alister MacKenzie Drive, Sarasota, Florida 34240

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

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

MICHAEL SVIRSE	CX
N	2019
7772 Alister N	MacKenzie Drive
Florida street address (P	O. Box <u>NOT</u> acceptable)
Sarasota	FL 34240
City, Sta	te, and 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 608, F.S.

Registered Agent's Signature
MICHAEL, SVIRSKY

Article IV - Management (Check box if applicable.)

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

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

MICHAEL SVIRSKY

(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.)

MICHAEL SVIRSKY

Typed or printed name of signee

OI DEC 17 PM 2: 13
SECKLTARY OF STATE
IALLAHASSEE, FLORIDA