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To:

Division of Corporations

Fax Number

: (850)205-0383

From:

Account Name

: COLE/TACKETT ACCOUNTING INC.

Account Number : 119990000044

Phone

: (813)988-5521

Fax Number

: (813)989-8824

JIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

MYSTIC ESCAPES LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

N OF LERPORATION 7/2/2003

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ARTICLES OF ORGANIZATION OF MYSTIC ESCAPES LLC

The undersigned organization, for the purposes of forming a Limited Liability Company, hereby adopts the following Articles of Organization:

ARTICLE I NAME

The name of the organization shall be: Mystic Escapes LLC

The principal place of business of this organization shall be:

10219 N. Valle Dr Tampa, FL 33617

ARTICLE II NATURE OF BUSINESS

This organization may engage in or transact any or all lawful activities or business. Permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

ARTICLE III TERM OF EXISTENCE

This organization is to exist perpetually.

ARTICLE IV OFFICERS DIRECTORS

The names and street address of the initial officers and directors, if any, who shall Hold office the first year of the organization's existence or until their successors are elected, are:

Veronica Peterson, President & Director Molly Jacobsen, Vice President & Director

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ARTICLE V PRESIDENT

The name and street address of the incorporator to this articles of Ovganization are:

NAME OFFICE ADDRESS

Veronica Peterson President 10219 N. Valle Dr
Tampa, FL 33612

IN WITNESS WHEREOF, the undersigned Oresident has executed these Articles of Organization this 29th day of May, 2003.

Signature of President

Veronica Peterson

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REGISTERED AGENT/REGISTERED OFFICE CERTIFICATE OF DESIGNATION

Pursuant to the provisions of Section 607.325, Florida Statutes, the undersigned Organization, organized under the laws of the State of Florida, submits the Following statement in designating the registered office/registered agent, in the State of Florida.

- 2. The name and address of the registered agent and office:

Veronica Peterson – 10219 N. Valle Dr – Tampa, FL 33612.

SIGNATURE:

Veronica Peterson

TITLE: President

DATE: May 29, 2003

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED ORGANIZATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

SIGNATURE:

Veronica Peterson

DATE: May 29, 2003

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