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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

Division of Corporations	
SUBJECT: THE MYSTICK KREWE OF KEY. Name of Lin	WEST,LLC. nited Liability Company
The enclosed Articles of Organization and fee(s) ar	re submitted for filing.
Please return all correspondence concerning this m	natter to the following:
VALSIN A. MARMILLION	Name of Person
-	Firm/Company
	FineCompany
1309 VILLA MILL STREET	Add
	Address
KEY WEST, FLORIDA 33040	
	City/State and Zip Code
marmillon@me.com E-mail address: (to be use	d for future annual report notification)
For further information concerning this matter, plea	ase call:
FRANCIS WORMUTH at (;	305) 293 9934 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
□ \$125.00 Filing Fee	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed) □\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	15 UCI - 1 MM 3:
The name of the Limited Liability Company is:	
THE MYSTICK KREWE OF KEY WEST, LLC	C.
	Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the prin	cipal office of the Limited Liability Company is:
Data da al Office Address.	W-95 Add
Principal Office Address:	Mailing Address:
1309 VILLA MILL STREET	SAME
KEY WEST. FLORIDA 33040	
ARTICLE III - Registered Agent, Registered (Office, & Registered Agent's Signature: its own Registered Agent. You must designate an individual or
another business entity with an active Florida reg	
The name and the Florida street address of the reg	gistered agent are:
VALSI A. MARMILLION	N
	Name
1309 VILLA MILL STRI	FFT
	O. Box NOT acceptable)

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..

FL 33040

Zip

Registered Agent's Signature (REQUIRED)

KEY WEST

City

(CONTINUED)

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:	
AMBR	VALSIN A. MARMILLION	
	1309 VILLA MILL STREET	
	KEY WEST, FLORIDA 33040	_
MGR	JACK SMITH	_ 5
	1510 JOHNSON STREET	
	KEY WEST, FLORIDA 33040	
MGR	DAVID P. JOHNSON	
	1406 PETRONIA STREET	
	KEY WEST, FLORIDA 33040	_ =
MGR	KIMBER TRACY	
	17131 MARLIN DRIVE	_ _ =
		$-\infty$
(Use attachment if necessary) E V: Effective date, if other than the dective date is listed, the date must be of filing.)	SUGARLOAF KEY, FLORIDA 33042 ate of filing: JANUARY 1, 2016 (OPTIONAL) specific and cannot be more than five business days prior to o	 · 90 d
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Page 2 of 2