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Division of Corp	istical Re	Ovelation Iting Florida Limited Com	S. pany)
		-	I fees are submitted to convert an "Other cordance with s. 605.1045, F.S.
Please return all corresp	pondence concerning	this matter to:	
CherylD.	(Contact Person)	21	
Mystical	(Firm/Company)	30N2	
Lore Sout	H Sain (Address)	+ Andre	ws DR.
Ormand (Sin	y, State and Zip Code)	F1, 321	74
mysticalleu	Elations (6) (1) used for future annual rep	ort notifications)	
For further information	concerning this matt	er, please call:	
Chery D. (Name of Contact	Tegrarian Person)		ime Telephone Number)
Enclosed is a check for dollars and drawn on a			ed by this office must be payable in US
(\$25 for Conversion a	□\$155.00 Filing Fees and Certificate of Status	\$180.00 Filing Fees and Certified Copy	\$185.00 Filing Fees, Certified Copy, and Certificate of Status
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New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

New Filing Section
Division of Corporations
The Centre of Tallahassee
2415 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	:	
Mystical Revelat (Must contain the words "Limited Liabili	ity Company. "L.L.C.," or "L.L.C.,")	_
ARTICLE II - Address: The mailing address and street address of the p	orincipal office of the Limited Liability	Company is:
Principal Office Address:	Mailing Address:	
lolo South Saint Andrews Ormand Beach Fl 32174	OR 106 South SawtA Ormand Brach F 32174	ndrows C
ARTICLE III - Registered Agent, Registere (The Limited Liability Company cannot serve as its own Registusiness entity with an active Florida registration.)	d Office, & Registered Agent's Sign stered Agent. You must designate an individual or	ature: another
The name and the Florida street address of the	registered agent are:	
Cheryl Di Ta	2gracian_	BIVISION 21 DEC
Florida street address (P.C	D. Box <u>NOT</u> acceptable)	Kor Can
Drmohd Beach	h FL 32174 Zip	9 9: 05
Having been named as registered agent and liability company at the place designated is registered agent and agree to act in this capa statutes relating to the proper and complete accept the obligations of my position as re	in this certificate, I hereby accept the applicity. I further agree to comply with the apperformance of my duties, and I am fail egistered agent as provided for in Chap	ppointment as provisions of all miliar with and
Registered Agent's Sig	mature (KEQUIKED)	

(CONTINUED)

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager CEO AMBR	Cheryl D. Tegrallan 1010 South Saint Andrew Ormand Beach Fl 32170
(Use attachment if necessary)	·
LEV: Other provisions, if any.	
LE V. Outer provisions, it any	
REQUIRED SIGNATURE:	
REQUIRED SIGNATURE:	Tegraniane
CheryIP.	
Signature of a member or	an authorized representative of a member e with section 605.0203 (1) (b), Florida Statutes. I am aware that ament to the Department of State constitutes a third degree felony
Signature of a member or This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S.	an authorized representative of a member e with section 605.0203 (1) (b), Florida Statutes, I am aware that ament to the Department of State constitutes a third degree felony
Signature of a member or This document is executed in accordance any false information submitted in a docu as provided for in s.817.155, F.S.	an authorized representative of a member

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

ARTICLE IV-

Company: