Division of Corporations

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Florida Department of State

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Division of Corporations

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: NELSON - HESSE Account Name Account Number : 119990000187 : (941)366-7550 Phone

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LIMITED LIABILITY COMPANY

My Best Friend's Closet Etc., LLC

| Certificate of Status | 0 |
|-----------------------|----------|
| Certified Copy | 1 |
| Page Count | 02 |
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HVISION OF EGRPORATION

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ARTICLES OF ORGANIZATION

OF

MY BEST FRIEND'S CLOSET ETC., LLC

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, F.S. Chapter 608, hereby makes, acknowledges, and files the following Articles of Organization.

ARTICLE I - NAME

The name of the limited liability company shall be MY BEST FRIEND'S CLOSET ETC., LLC ("Company").

ARTICLE II - ADDRESS

The street address of the principal office of the Company shall be 3417 Kingswood Drive, Sarasota, FL 34232, and the mailing address is the same.

ARTICLE III - DURATION

The Company shall commence its existence on the date of filing of these articles of organization. The Company's existence shall be perpetual.

ARTICLE IV - REGISTERED OFFICE AND AGENT

The name and street address of the registered agent of the Company in the State of Florida is Laura Ellis, 3417 Kingswood Drive, Sarasota, FL 34232.

ARTICLE V - MANAGEMENT

The Company shall be a member - managed company. The name and street address of the initial managing member shall be:

Laura Ellis

3417 Kingswood Drive, Sarasota, FL 34232

IN WITNESS WHEREOF, the undersigned member or authorized representative of a member of the Company has made and subscribed these articles of organization on this 20 day of Avgvot , 2003.

Laura Ellis, Organizer

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ACCEPTANCE OF REGISTERED AGENT

The undersigned, being the person named in the articles of organization of My Best Friend's Closet Etc., LLC as the registered agent of this limited liability company, hereby consents to accept service of process for the above stated company at the place designated in the articles of organization, and accepts the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of his or her duties, and is familiar with and accepts the obligations of the of the position of registered agent.

Laura Ellis