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TRANSMITTAL LETTER

| Division of Corporations |
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| INTERIORS |
| SUBJECT: INVER ESSENCE INC.LLC |
| (Name of Limited Liability Company) |
| |
| The enclosed Articles of Organization and fee(s) are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| MELINDA GAREAU |
| (Name of Person) |
| INNER ESSENCE INTERIORS LLC |
| • |
| 20541 PINE TREE LANE |
| (Address) |
| ESTERO FL 33928 (City/State and Zip Code) |
| |
| For further information concerning this matter, please call: |
| MELINDA GAREAU at 239, 498-1059 |

STREET ADDRESS:

(Name of Person)

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 MAILING ADDRESS:

(Area Code & Daytime Telephone Number)

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 JUN 21 AH 11: 32

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company is: | |
|---|---|
| INTERIORS INTERIORS LLC | |
| ARTICLE II - Address: The mailing address and street address of the principal of | office of the Limited Liability Company is: |
| Principal Office Address: | Mailing Address: |
| 20541 PINE TREE LANE | 20541 PINE TREE LANE |
| ESTERO, FL 33928 | ESTERO, FL 33928 |
| | |
| ARTICLE III - Registered Agent, Registered Office, The name and the Florida street address of the registered MELINDA GARGAU Name 20541 PINE TREE Florida street address (P.O. Box NO ESTERO RE City, State, and Zip | SECKLINAL AME |

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, Florida Statutes..

Registered Agent's Signature

Page 1 of 2 (CONTINUED)

| Title: "MGR" = Manager "MGRM" = Managing Member | Name and Address: |
|--|---|
| MGRM | MELINDA GAREAU 20541 PINE TREE LANE ESTERO FL 33928 |
| MGR | F. Richard Brunetti 12314 TSABELLA DR BONITA SPRINGS, FL 341 |
| | |
| (Use attachment if necessary) | |
| | |
| | et be added if an effective date is requested. |
| REQUIRED SIGNATURE: | an authorized representative of a member. |
| REQUIRED SIGNATURE: Signature of a member or (In accordance with section | an authorized representative of a member. 1 608.408(3), Florida Statutes, the execution is an affirmation under the penalties of perjury |

\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)