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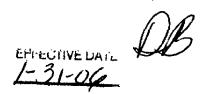
(Requestor's Name)	
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PICK-UP WAIT MAIL	
(Business Entity Name)	
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Certified Copies Certificates of Status	_
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Special Instructions to Filing Officer:	
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COVER LETTER

TO: Registration So Division of Co					
SUBJECT: Inner	Twine LLC				
	(Name of Limite	d Liability Company)			
The enclosed Articles o	f Organization and fee(s) are s	submitted for filing.			
Please return all corresp	ondence concerning this matte	er to the following:			
	Aguil F	Roberts			
		Name of Person)			
	1	(Firm/Company)		70	۷ <u>۱۵</u>
	585 N	W 94th St.		2006 F BB - 3	15105 2033 1035
		(Address)		8	4 ST -
	Miam	i, Florida 33150		ა — 	232
	(City	/State and Zip Code)			문 SEX
For further information	concerning this matter, please	call:		=======================================	
Aquil	Roberts	at (786) 290 -	9129		
(Name	of Person)	(Area Code & Daytime T	elephone Number)		
Enclosed is a check for	or the following amount:				
	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	▼ \$160.00 Filing F Certificate of Status Certified Copy (additional copy is enclo	&	
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center	ns		

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nam The name of the Lir	e: nited Liability Compa	any is:	
	Inner	Twine LLC	
(Must end with the words	Limited Liability Company	, "Limited Company" or their abbreviation "LLC," or "	L.C.,")
ARTICLE II - Add The mailing address		the principal office of the Limited Liabili	ity Company is:
Principal Office Ac	<u>ldress:</u>	Mailing Address:	
Mashell Leroy		Aquil Roberts	
9301 NW 2nd Ct.		585 NW 94th St.	
Miami, FL 33150		Miami, FL 33150	DIVÎS 2006
(The Limited Liability Cor business entity with an ac	npany cannot serve as its ow tive Florida registration.) lorida street address o	stered Office, & Registered Agent's Sign Registered Agent. You must designate an individual of the registered agent are: Roberts	2006 FEB - 3 PM 1:4
		Name	 7
	585 N	IW 94th St.	
-	Florida str	reet address (P.O. Box NOT acceptable)	
-	Miami, City,	FL 33150 State, and Zip	
liability company registered agent and statutes relating to	y at the place designated agree to act in this control to the proper and compations of my position a	and to accept service of process for the above ed in this certificate, I hereby accept the apapacity. I further agree to comply with the lete performance of my duties, and I am fan as registered agent as provided for in Chapter Signature (REQUIRED)	ppointment as provisions of all niliar with and

(CONTINUED)
Page 1 of 2



ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Name and Address: Title: "MGR" = Manager "MGRM" = Managing Member MGR **Aquil Roberts** 585 NW 94th St. Miami, FL 33150 MGR Mashell Leroy 9301 NW 2nd Ct. Miami, FL 33150 **MGR** Diandgy Georges 9301 NW 2nd Ct. Miami, FL 33150 **MGR** Joshua Leveille 15000 NE 7th Ct. Miami, FL 33161 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: __ 1 - 31 - 2006 . (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) **REQUIRED SIGNATURE:** Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

that the facts stated herein are true.)

Mashell Leroy
Typed or printed name of signee