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Florida Department of State  
Division of Corporations  
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## To:

Division of Corporations  
Fax Number : (850) 617-6383

## From:

Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

## FLORIDA/FOREIGN LIMITED LIABILITY CO.

twin children, llc

Certificate of Status	0
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T. HAMPTON

FEB 16 2009

EXAMINER

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I- Name:**

The name of the Limited Liability Company is:

TWIN CHILDREN, LLC

**ARTICLE II- Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

2001 GRANADA DRIVE APT K4

COCONUT CREEK, FL 33066

**Mailing Address:**

2001 GRANADA DRIVE APT K4

COCONUT CREEK, FL 33066

**ARTICLE III-Registered Agent, Registered Office, & Registered Agent's Signature:**

The name and the Florida street address of the registered agent are:

HORACE METCALFE

Name

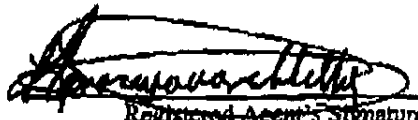
2001 GRANADA DRIVE APT K4

Florida Street address (P.O. Box NOT acceptable)

COCONUT CREEK, FL 33066

City, State, and Zip

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 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 provided for in chapter 608, F.S.

  
Registered Agent's Signature

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**ARTICLE IV-Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR"= Manager

"MGRM"= Managing Member

**Name and Address:**

MGR

HORACE METCALFE

2001 GRANADA DRIVE APT K4

COCONUT CREEK, FL 33066

MGRM

DOROTHY AUGUSTUS

2001 GRANADA DRIVE APT K4

COCONUT CREEK, FL 33066

(Use attachment if necessary)

**NOTE:** An additional article must be added if an effective date is requested.

**REQUIRED SIGNATURE:**

  
Signature of a member or an authorized representative of a member.

(In accordance with section 608408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

HORACE METCALFE

Typed or printed name of signer

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