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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Handwritten signature]

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Tweb Innovations, 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:

Fitzgerald D Light

Name of Person

Tweb Innovations, LLC

Firm/Company

2421 Jackson Bluff Rd Apt 515B

Address

Tallahassee, FL 32304

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Fitzgerald D Light 904 307-6970
_____ at (_____) _____
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee ☒ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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**ARTICLES OF ORGANIZATION
OF
Tweb Innovations, LLC**

SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE I: NAME

The name of the limited liability company is Tweb Innovations, LLC.

ARTICLE II: ADDRESS

The street and mailing address of the principal office of the LLC is:

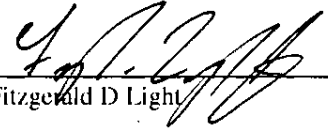
2421 Jackson Bluff Rd Apt 515B, Tallahassee, FL 32304

ARTICLE III: REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT'S SIGNATURE

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

Fitzgerald D Light
2421 Jackson Bluff Rd Apt 515B
Tallahassee, FL 32304

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 605, F.S.


Fitzgerald D Light

ARTICLE IV: MANAGERS/MEMBERS

The name and address of each person authorized to manage and control the LLC:

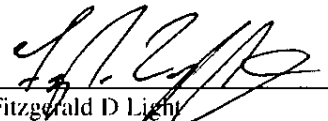
Title:

Name and Address:

MGR

Fitzgerald D Light
2421 Jackson Bluff Rd Apt 515B
Tallahassee, FL 32304

In accordance with Section 605.0203(1)(b) of Florida's Revised Limited Liability Company Act, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Florida Department of State, Division of Corporations constitutes a third degree felony as provided for in s.817.155, F.S.


Fitzgerald D Light