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ACCOUNT NO.	፡	072100000032
<del>-</del>		339005 4375876
AUTHORIZATION	:	Patricia Print
COST LIMIT	:	\$ 125.00

ORDER DATE: November 26, 2003

ORDER TIME : 2:51 PM

ORDER NO. : 339005-010

CUSTOMER NO: 4375876

CUSTOMER: Ms. Tammy Pagan

Lewis Rice & Fingersh, L.c.

Attorneys At Law

Suite 2000

500 North Broadway St. Louis, MO 63102

## DOMESTIC FILING

NAME: SOMERSET 14-105, LLC

## EFFECTIVE DATE:

	ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP ARTICLES OF ORGANIZATION		
PLEASE	RETURN THE FOLLOWING AS PROOF OF FILING:		
CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING			
CONTACT	PERSON: Amanda Haddan - EXT. 1155 EXAMINER'S INITIALS:		

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY ARTICLE I - Name: The name of the Limited Liability Company is: Somerset 14-105, LLC

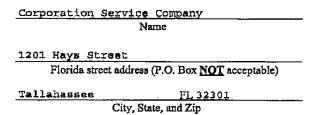
## ARTICLE II - Address:

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

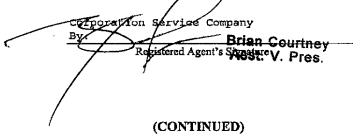
Principal Office Address:	Mailing Address:
3801 Lloyd King Drive	3801 Lloyd King Drive
St. Charles, Missouri 63304	St. Charles, Missouri 63304
· · ·	

## ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature;

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



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, F.S.



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:

<u>Title:</u>	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Mcmber	
MGRM	Kidco Properties, LLC
<del>-</del>	3801 Lloyd King Drive
	St. Charles, Missouri 63304
<del></del> _	
<del></del>	
(Use attachment if necessary)	
,	
NOTE: An additional article m	ust be added if an effective date is requested.
REQUIRED SIGNATURE:	
<b>⊘</b> n	
Mix.	15_
Bignature of a n	nember or an authorized representative of a member.
	vith section 608.408(3), Florida Statutes, the execution
of this document	t constitutes an affirmation under the penalties of perjury ted herein are true.)
Albert S.	Rose, Authorized Representative Typed or printed name of signee
	Filing Fees:
	\$100.00 Filing Fee for Articles of Organization
	\$ 25.00 Designation of Registered Agent \$ 30.00 Certifled Copy (Optional)
	\$ 5.00 Certificate of Status (Optional)

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