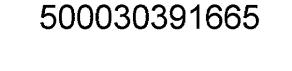
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TRANSMITTAL LETTER

	tration Section on of Corporations			
SUBJECT:	SOMERS CAPITAL LLC			
(Name of Limited Liability Company)				
The enclosed A	Articles of Organization and fee(s) are submitted for filing.			
	Please return all correspondence concerning this matter to the following:			
	DARREN EUGENE WOODS			
	(Name of Person)			
	(Firm/Company)			
	10151 University Blvd., Suite 341			
	(Address)			
	Orlando, Florida 32817			
	(City/State and Zip Code)			
For further info	ormation concerning this matter, please call:			
DARREN	E. WOODS at (407) 256-4289			
	(Name of Person) (Area Code & Daytime Telephone Number)			

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

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
SOMERS CAPITAL LLC	in the second se
ARTICLE II - Address: The mailing address and street address of the principal	office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
10151 University Blvd., Suite 341	10151 University Blvd., Suite
Orlando, Florida 32817	Orlando, Florida 32817
ARTICLE III - Registered Agent, Registered Office The name and the Florida street address of the registere DARREN EUGENE WOOI Name 10151 University F Florida street address (P.O. Box No. 1971) Orlando, FL	ed agent are:
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 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)

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

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

MGR	Darren Eugene Woods
	10151 University Blvd., Suite 341 Orlando, Florida 32817
· ·	
Jse attachment if necessary)	
Use attachment if necessary)	

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 that the facts stated herein are true.)

DARREN EUGENE WOODS

Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)