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TRANSMITTAL LETTER

Division of Cor			
SUBJECT: Somers D	evelopment, LLC		-
	(Name of Limited	Liability Company)	
The enclosed Articles of	Organization and fee(s) are su	bmitted for filing.	
,	_		
Please return all correspo	ondence concerning this matter	to the following:	
John Sor	ners		·
	(N	lame of Person)	
Somers Developmer	nt. LLC		
		Firm/Company)	<u>,</u>
10859 Emer	ald Coast Pkwy West, PMB	#422	
		(Address)	
Destir	n, FL 32550		
· · · ·		State and Zip Code)	
For further information	concerning this matter, please of	call:	
			mand.
Michael Ferguson		at (256) 539-3636	
(Name	of Person)	(Area Code & Daytime To	elephone Number)
Partered in a charte fo	the Callestine amounts		
Enclosed is a check to	or the following amount:		ig≺ -1 -—
☐ \$125.00 Filing Fee	Z \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy	☐ \$160.00 Filing Fee, Certificate of Status &
		(additional copy is enclosed)	Certified Copy (additional copy is enclosed)
			.
STRE	ET ADDRESS:	MAILING A	DDRESS:

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

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Somers Developement, LLC	
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
125 Main Street Destin, FL 32541	10859 Emerald Coast Pkwy, PMB #422 Destin, FL 32550
ARTICLE III - Registered Agent, Registered The name and the Florida street address of the re	
John P. Somers Name	
Name	
125 Main Street	
Florida street add	ress (P.O. Box NOT acceptable)
Destin, FL 32541	FL S
City, State, as	nd Zip
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per	ccept service of process for the above stated limited his certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	
MGRM	John P. Somers
	10859 Emerald Coast Parkway, PMB 422
	Destin, FL 32550
(Use attachment if necessary)	
NOTE: An additional article mu	st be added if an effective date is requested.
REQUIRED SIGNATURE: Signature of a method	ber or an abthorized representative of a member.
John P. Somers	
 	Typed or printed name of signee
Filing Fees:	T)
\$125.00 Filing Fee for Articles of Or of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Option	υ