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To:

Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : A L A CORPORATE SERVICES, INC.

Account Number: 120010000247 Phone: (800)494-3124 Fax Number: (305)675-2811

LIMITED LIABILITY COMPANY

Summer, LLC

Certificate of Status	0
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ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

In compliance with Chapter 608, F.S.

ARTICLE I NAME

The name of the Limited Liability Company is:

SUMMER, LLC

ARTICLE II ADDRESS

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

13430 VILLAGE CIRCLE APT 231 TAMPA, FLORIDA 33617

ARTICLE III REGISTERED AGENT. REGISTERED OFFICE & REGISTERED AGENT SIGNATURE

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

SAMUEL CAGE 13430 VILLAGE CIRCLE APT 231 TAMPA, FLORIDA 33617

Having been named as registered agent 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 all statutes relating to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent as provided for in Chapter 508, F.S..

SAMUEL CAGE / Registered Agent's Signature

ARTICLE IV MANAGEMENT

The Limited Liability Company will be managed by one or more managing members and is, therefore, a Member Managed Company.

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ARTICLE V

The name(s) and address(es) of the managing members of the LLC are:

SAMUEL CAGE

Managing Member: 13430 VILLAGE CIRCLE APT 231

TAMPA, FLORIDA 33617

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

(In accordance with section 608.408(3), Fiorida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

SAMUEL CAGE

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SEULAHASSEE, FLORIDA

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