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(City/State/Zip/Phone #)

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FALLAHASSEE, FLORIDA

EFFECTIVE DATE  
4/27/05

APR 12 PM 4:53  
FALLAHASSEE, FLORIDA

APR 12 PM 4:53

**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:**

**Sommer Trace, LLC**

The enclosed Articles of Organization and fee(s) are submitted for filing.  
Please return all correspondence concerning this matter to the following:

**Debra Laverne Bruce**

**Sommer Trace, LLC**

**7797 Rocky Comfort Lane**

**Tallahassee, FL 32317**

For further information concerning this matter, please call:

**FILED**  
05 APR 12 PM 4:53  
TALLAHASSEE, FLORIDA

**EFFECTIVE DATE**  
4/6/12

**Gladys Harris** at **850-656-2002**  
\_\_\_\_\_  
(Name of Person) (Area Code & Daytime Telephone Number)

**Sandra Kay Harris** at **850-443-7112**  
\_\_\_\_\_  
(Name of Person) (Area Code & Daytime Telephone Number)

**Joan Elaine Kilpatrick** at **850-921-1730**  
\_\_\_\_\_  
(Name of Person) (Area Code & Daytime Telephone Number)

**Angela Denene Harris** at **832-971-1001**  
\_\_\_\_\_  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

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

**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

ARTICLE I - Name:

The name of the Limited Liability Company is:

Sommer Trace, LLC

20-264 1295

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

7797 Rocky Comfort Lane  
Tallahassee, FL 32317

7797 Rocky Comfort Lane  
Tallahassee, FL 32317

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Debra Laverne Bruce

\_\_\_\_\_  
(Name of Person)

Sommer Trace, LLC

\_\_\_\_\_  
(Firm/Company)

7797 Rocky Comfort Lane

\_\_\_\_\_  
(Address)

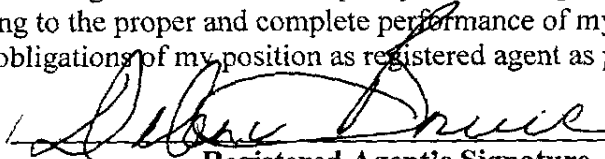
Tallahassee, FL 32317

\_\_\_\_\_  
(City/State and Zip Code)

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05 APR 12 PM 4:53  
TALLAHASSEE, FLORIDA

EFFECTIVE DATE  
4/12/12

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.



Registered Agent's Signature

(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:**

Managing Member

**Joan Elaine Kilpatrick  
7797 Rocky Comfort Lane  
Tallahassee, FL 32317**

Managing Member

**Debra Laverne Bruce  
7797 Rocky Comfort Lane  
Tallahassee, FL 32317**

Managing Member

**Gladys Harris  
7797 Rocky Comfort Lane  
Tallahassee, FL 32317**

Managing Member

**Sandra Kay Harris  
8978 Nazareth Alice Dr.  
Tallahassee, FL 32309**

Managing Member

**Angela Denene Harris  
P.O. Box 272521  
Houston, TX 77277**

**Article V: Effective Date:**

**April 7, 2005**

REQUIRED SIGNATURE:

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

**2 of 3**

(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.)

**DEBRA LAVERNE BRUCE**

**Typed or printed name of signee**