

L05000108390

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (888) 205-0383

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000353
Phone : (212) 431-5000
Fax Number : (212) 431-1441

LIMITED LIABILITY COMPANY

SOMERSET DREAMS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

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H05000259363

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

SOMERSET DREAMS, LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:

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

Principal Office Address:27528 BAYSHORE DRIVE, SW
BONITA SPRINGS, FL 34134**Mailing Address:**SAME AS PRINCIPAL OFFICE**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

JEFFREY W. HOLZINGER

Name

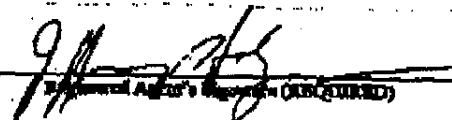
27528 BAYSHORE DRIVE, SWFlorida street address (P.O. Box **NOT** acceptable)BONITA SPRINGS FL 34134

City, State, and Zip

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 NOV - 8 AM 9:02

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..

X



(Registered Agent's Signature (REQUIRED))

(CONTINUED)

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:MGR MIMPERIAL RIVER FAMILY LIMITED PARTNERSHIP
27528 BAYSHORE DRIVE, SW
BONITA SPRINGS, FL 34134

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____, (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

X



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.)

IMPERIAL RIVER FAMILY LIMITED PARTNERSHIP, JEFFREY W. HOLZINGER, GP
Typed or printed name of signeeFILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 NOV - 8 AM 9:02**Filing Fees:**\$125.00 Filing Fee for Articles of Organization and Designation
of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

BlumbergExcelsior

62 WHITE ST
NY NY 10013

800.221-2972 x2

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