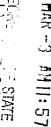
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(Re	equestor's Name)	
(Ac	Idress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Somerset Partners LLC			
(Name of Limited Liability Company)			
The enclosed Articles of Organization and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
Robert B. Cook			
(Name of Person)	-	•	3
(Firm/Company)		+ 4	* 10
17 Bay Harbor Road	c	>	
(Address)		On MAD	
Tequesta, FL 33469	, 5 _		77
(City/State and Zip Code)		5	
For further information concerning this matter, please call:	MIII:57	7	
Robert B. Cook at (561) 627-8766			
(Name of Person) (Area Code & Daytime Telephone Number)		•	
Enclosed is a check for the following amount:			
\$125.00 Filing Fee \$\bigcup \\$130.00 Filing Fee & \bigcup \\$155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)	ı		
Mailing Address Street/Courier Address Registration Section Registration Section			

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Δ	R	ri	CI	\mathbf{R}	ĭ	_ N	Jя	m	ρ.

The name of the Limited Liability Company is:

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

ARTICLE II - Address:

Principal Office Address:

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

Mailing Address:

17 Bay Harbor Road	P. O. Box 3609	S MAR
Tequesta, FL 33469	Tequesta, FL 33469	7 3
ARTICLE III - Registered Agent, Registere (The Limited Liability Company cannot serve as its own Regional business entity with an active Florida registration.) The name and the Florida street address of the	istered Agent. You must designate an individual or another	7
Robert B. Cook		
Name	e	•
17 Bay Harbor Road Florida street ac	ddress (P.O. Box NOT acceptable)	
Tequesta, FL 33469	FL and Zin	ı. i

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 (REQUIRED)

(CONTINUED) Page 1 of 2

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managin	o Member	Name and Address:
MGRM		Robert B. Cook 17 Bay Harbor Road Tequesta, FL 33469
		OS MAR
		3 AM II: 5:
(Use attachment if near ARTICLE V: Effective date, if an effective date is listed, to or 90 days after the date of	if other than the dathe dathe date must be sp	te of filing: (OPTIONAL) pecific and cannot be more than five business days prior
REQUIRED SIGNA	Gobert	16 Book
Sign	ature of a member of	r an authorized representative of a member.
(In a	ecordance with section	n 608.408(3), Florida Statutes, the execution

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)

Robert B. Cook

that the facts stated herein are true.)

\$ 5.00 Certificate of Status (Optional)

Typed or printed name of signee