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COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJE	CCT: Somerod FARMS, LLC (Name of Limited Liability Company)		
The end	closed Articles of Organization and fee(s) are submitted for filing.		
Please 1	return all correspondence concerning this matter to the following:		
	Victoria A. Evers (Name of Person)		
	Somerod Farms, LLC (Firm/Company)		
	7656 Portstewart Drive (Address)		
•	(Address)		
	Lakewood Ranch, FL 34202 (City/State and Zip Code)		
For further information concerning this matter, please call:			
\mathcal{O}	(Name of Person) at (941) 962-7515 (Area Code & Daytime Telephone Number)		
Enclos	ed is a check for the following amount:		
125.	00 Filing Fee \$\bigcup \\$130.00 Filing Fee & \bigcup \\$155.00 Filing Fee & \bigcup \\$160.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)		
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:			
Somerod FARMS LLC. (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")			
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:			
Principal Office Address: Mailing Address:			
7656 Poitstewart Drive SAme			
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:			
Victoria A. Evers			
7656 Partistement Dans			
Florida street address (P.O. Box NOT acceptable)			
City, State, and Zip			
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			
Wichou A Carena			
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" = Managing Member	Name and Address:			
MGRM	Victoria A. Evers 7656 Portstewart Drive Lakewood RANCL, FL 34202			
MGRM	Michael S. Evers 7656 Portstewart Drive Lakewood Banch, FL 34202			
(Use attachment if necessary)				
ARTICLE V: Effective date, if other than the date of filing:				
REQUIRED SIGNATURE:				
Signature of 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.)				
Victoria A. Evers				
Filing Fees:	ed or printed name of signee			
\$125.00 Filing Fee for Articles of Organi of Registered Agent	ization and Designation			
\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)				