Division of Corporations Florida Department of State

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To:

Division of Corporations

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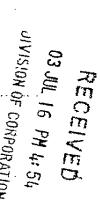
Account Name : A 1 A CORPORATE SERVICES, INC.

Account Number : I20010000247 Phone : (305)674-3313 Fax Number : (305) 674-3359

LIMITED LIABILITY COMPANY

Long Key Tropical Research Center, LLC

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



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: Long Key Tropical Research Center, LLC

ARTICLE II: Address

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

118 S. Layton Dr. Long Key, Florida 33001

ARTICLE III: REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT SIGNATURE

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

Thomas Wilcox

118 S. Layton Dr. Long Key, Florida 33001

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 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.

Thomas Wilcox / Registered Agent's Signature

ARTICLE IV: MANAGEMENT

The Limited Liability Company is to be managed by members and is, therefore, Member Managed Company.

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ARTICLE V: MEMBERS (optional)

MEMBER: Thomas Wilcox PO Box 848

Long Key, FL 33001-0848

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.)

Thomas Wilcox

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SECRETARY OF STATE