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(Req	uestor's Name)	
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105-4453D

TRANSMITTAL LETTER

TO: Registration Solution of Co			
SUBJECT: Spatial T	echnologies, LLC	Liability Company)	
	(Name of Limited	Liability Company)	
The enclosed Articles of	of Organization and fee(s) are su	bmitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
Heidi A.			<u> </u>
	()	lame of Person)	
Spatial Technologie	ne II C		
Spatial Technologic		Firm/Company)	
1265 Potor	nac Drive	(Address)	
		(Address)	
Men	itt Island, FL 32952		
	(City/	State and Zip Code)	
For further information	concerning this matter, please	call;	
		407.0005	
Heldi A. Hughes	e of Person)	at (321) 427-8935 (Area Code & Daytime Te	elanbona Number)
(Main	e of reison)	(Alea Code de Dayune 19	reprote (vantor)
Enclosed is a check t	or the following amount:		
☐ \$125.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	EET ADDRESS:	MAILING A	

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 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:			
Spatial Technologies, LLC			
ARTICLE II - Address: The mailing address and street address of t	he principal office of the Limited Liability Company is:		
Principal Office Address:	Mailing Address:		
1265 Potomac Drive	P.O. Box 1221		
Merritt Island, FL 32952	Cape Canaveral, FL 32920		
ARTICLE III - Registered Agent, Regis	tered Office, & Registered Agent's Signature:		
The name and the Florida street address of	the registered agent are:		
Heidi A. Hughes			
?	Name		
1265 Potomac Drive			
Florida stre	eet address (P.O. Box NOT acceptable)		
Merritt Island, FL 32952	FI		
City, S	State, and Zip		
liability company at the place designate registered agent and agree to act in this ca statutes relating to the proper and comple accept the obligations of my position as	and to accept service of process for the above stated limited and in this certificate, I hereby accept the appointment as a spacity. I further agree to comply with the provisions of all sete performance of my duties, and I am familiar with and a registered agent as provided for in Chapter 608, F.S		

(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:
MGR	Heidi A. Hughes
	1265 Potomac Drive
	Merritt Island, FL 32952
MGRM	Sherry D. Hughes
	5016 S. A1A Hwy
	Melbourne Beach, FL 32951
	Application of the state of the
(Use attachment if necessary)	
NOTE: An additional article n	oust be added if an effective date is requested.
REQUIRED SIGNATURE:	1-L A1/
Signature of a mo	ember or an authorized representative of a member.
of this document	th section 608.408(3), Florida Statutes, the execution constitutes an affirmation under the penalties of perjury ated herein are true.)
Heidi A. Hughe	s
	Typed or printed name of signee

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)