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SECRETARY OF STATE

COVER LETTER

TO:	Registration Se Division of Co			
SUBJE	cct: Space	Coast Research L	td. Co.	
			d Liability Company)	
The en	closed Articles o	f Organization and fee(s) are s	ubmitted for filing.	
Please	return all corresp	condence concerning this matter	er to the following:	
	Phillip Bro		Monika Brooks Du	ncan
	Space Co	ast Research Ltd.	Co.	
		(Firm/Company)	
	1883 Sp	ruce Creek Blvd.		
			(Address)	
	Port Ora	nge, FL 32128		
		(City	/State and Zip Code)	
For furt	her information	concerning this matter, please	call:	
Philli	p Brooks I	Duncan	at (386) 788-70	78
	(Name	of Person)	(Area Code & Daytime T	elephone Number)
Enclos	ed is a check fo	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)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

MICLES OF ONGANZATION FOR FL	KARDI ELMILE ELMILIT COMMITTEE				
ARTICLE I - Name: The name of the Limited Liability Company is:					
Space Coast Research Ltd. Co.					
(Must end with the words "Limited Liability Company, "Limit	ed Company" or their abbreviation "LLC," or "L.C.,")				
ARTICLE II - Address:					
	rincipal office of the Limited Liability Company is:				
Principal Office Address:	Mailing Address:				
1883 Spruce Creek Blvd.	1883 Spruce Creek Blvd.				
Port Orange, FL 32128	Port Orange, FL 32128				
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registusiness entity with an active Florida registration.)					
The name and the Florida street address of the	registered agent are:				
Monika Brooks Duncan					
Name					
1883 Spruce Creek Blv	d				
Florida street add	dress (P.O. Box <u>NOT</u> acceptable)				
	FL				
City, State,	and Zip				
liability company at the place designated in registered agent and agree to act in this capacity statutes relating to the proper and complete pe	accept service of process for the above stated limited this certificate, I hereby accept the appointment as ty. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and istered agent as provided for in Chapter 608, F.S				
Registered Agent's Signa	ture (REQUIRED)				
	ture (REQUIRED) VIII (REQUIRED) 2 ISSECRETAR 2 FOR				
(CONTIN	<u>_</u>				

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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:

MGRM	Phillip Brooks Duncan 1883 Spruce Creek Blvd.
	Port Orange, FL 32128
MGRM	Monika Brooks Duncan
	1883 Spruce Creek Blvd.
	Port Orange, FL 32128
Use attachment if necessary)	
	he date of filing: (OPTIO

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.)

PHILLIP BROOKS DUNCAND

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)

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