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SECRETARY OF STATE
TALL AHASSEF, FLORID

J. BRYAN

MAY - 9 2011

EXAMINER

COVER LETTER

TO:

Registration Section

Name of I	Limited Liability Company
The enclosed Articles of Organization and fee(s)) are submitted for filing.
Please return all correspondence concerning this	s matter to the following:
Gary Killian	
	Name of Person
Space Coast Crown Re	enewables, LLC
	Firm/Company
3790 Harlock Road	ASS.
	Address
Melbourne, FL 32934	Address F. F. S. TAT
	City/State and Zip Code
SCCRLLC@gmail.com	
E-mail address: (to be t	used for future annual report notification)
For further information concerning this matter, p	please call:
Gary Killian Name of Person	at (321) 446-3781 Area Code & Daytime Telephone Number
Enclosed is a check for the following amoun	nt:
\$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Statu	& \$155.00 Filing Fcc & \$\sqrt{\$160.00}\$ Filing Fce,

Mailing Address

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

Street/Courier Address

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

Space Coast Crown Renewables, LLC

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

ARTICLE II - Address:

Principal Office Address:

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

Mailing Address:

Space Coast Crown Renewables, LLC	Space Coast Crown Renewables, LLC		
3790 Harlock Road	3790 Harlock Road		
Melbourne, FL 32934	Melbourne, FL 32934		

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:

Gary Killian

Name

3790 Harlock Road

Florida street address (P.O. Box NOT acceptable)

Melbourne, FL 32934

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

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

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
MGRM	Gary Killian 3790 Harlock Road Melbourne, FL 32934
MGRM	Bruce Lifter 1920 Eva Lane
	Malabar, FL 32950
	TARES TO
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	RA .
(Use attachment if necessary)	
RTICLE V: Effective date, if other than the fan effective date is listed, the date must be or 90 days after the date of filing.)	e date of filing: (OPTIONAL) ne specific and cannot be more than five business days pri
REQUIRED SIGNATURE:	
	Killian
Signature of a memb	er 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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Gary Killian

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)