٤. ć ۰. 7 UW 270 (Requestor's Name) (Address) 300240221513 (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL 10/03/12--01013--020 \*\*130.00 (Business Entity Name) (Document Number) 0CT - 3 PH 3: 04 Certificates of Status \_\_\_\_ Certified Copies \_ Special Instructions to Filing Officer: Office Use Only

B. KOHR OCT , 5 2012 EXAMINER

## TRANSMITTAL LETTER

.

Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 850-487-6051

# SUBJECT: SPACE COAST SPARES, LLC.

Enclosed are an original and one copy of the articles of Organization For Florida Limited Liability Company.

FROM:HENRY HUGHES 1285 LACONIA STREET SEBASTIAN, FLORIDA 32958 772-633-7133

PH 3: 04

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### **ARTICLE I-Name:**

The name of the Limited Liability Company shall be: SPACE COAST SPARES, LLC.

#### **ARTICLE II-Address:**

The mailing address and street address of the principal office of the Limited Liability Company is: 1285 LACONIA STREET, SEBASTIAN, FLORIDA 32958

# ARTICLE III-Registered Agent, Registered Office, & Registered Agent's Signature

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

### HENRY HUGHES 1285 LACONIA STREET SEBASTIAN, FLORIDA 32958

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..

HENRY HUGHES

#### ARTICLE IV- Management (Check box if applicable.)

 $\Box$  The Limited Liability Company is to be managed by one or more managers and is, therefore, a manager-managed company. /

(An additional article must be added if an effective date is requested)

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.)

Typed or printed name of signee

FILING FEES: \$100.00 Filing Fee for Articles of Organization \$25.00 Designation of Registered Agent \$30.00 Certified Copy (Optional) \$5.00 Certificate of Status (Optional)