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Certified Copies	_ Certificates	s of Status
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## COVER LETTER

	New Filing Section Division of Corporations	
SUBJECT	Quest Defense Systems, LLC	
3020201	Name of Limited Liability Company	
The enclos	osed Articles of Organization and fee(s) are submitted for filing.	
Please retu	turn all correspondence concerning this matter to the following:	
	Michael K. Quesenberry	
	Name of Person	<del></del>
	Quest Defense Systems, LLC	
	Firm/Company	
	1121 Archangel Way	
	Address	
	Tallahassee, FL 32317	
	City/State and Zip Code  Mike. grescherry O gresch - defensestystems (om  L-mail address: (to be used for future annual report notification)  information concerning this matter, please call:	<del></del>
	Michael K. Quesenberry 850 295-4738	
	Name of Person Area Code Daytime Telephone Number	
Enclosed i	is a check for the following amount:	
\$125.00 F	Filing Fee \$\ \text{S130.00 Filing Fee & Certificate of Status} \ \ \text{Certified Copy (additional copy is enclosed)} \ \ \text{S160.00 Filing Fee & Certified Copy (additional copy is enclosed)} \ \ \text{Certified Copy (additional copy is enclosed)} \ \ \ \text{Certified Copy (additional copy is enclosed)} \ \ \ \text{Certified Copy (additional copy is enclosed)} \ \ \ \text{Certified Copy (additional copy is enclosed)} \ \ \ \ \text{Certified Copy (additional copy is enclosed)} \ \ \ \ \text{Certified Copy (additional copy is enclosed)} \ \ \ \ \text{Certified Copy (additional copy is enclosed)} \ \ \ \ \ \text{Certified Copy (additional copy is enclosed)} \ \ \ \ \ \ \ \ \text{Certified Copy (additional copy is enclosed)} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	is &
	Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTalkhassee, FL 323142661 Executive Center CircleTalkhassee, FL 32301	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability	Company is:		
Quest Defense Systen	ns, LLC		
(Must conta	in the words "Limited	Liability Company	y, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street ad	dress of the principal o	ffice of the Limite	ed Liability Company is:
<u>Principa</u>	l Office Address:		Mailing Address:
Quest Defense System	ns, LLC	Qu	uest Defense Systems, LLC
1121 Archangel Way		11	21 Archangel Way
Tallahassee, FL 3231	7	Ta	Ilahassee, FL 32317
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an ac The name and the Florida street a	cannot serve as its own ctive Florida registration	Registered Agent on.)	ent's Signature: . You must designate an individual or
	Michael K. Quesenb	еггу	
		Name	
	1121 Archangel Way	y	
	Florida street addres	s (P.O. Box <u>NOT</u>	acceptable)
	Tallahassee	FL	32317
	Çity	State	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 605, F.S..

tegistered Agent's Signature (REQDIRE

(CONTINUED)

<u>Title:</u> "AMBR" = Authorized Me	Name and Address:
"MGR" = Manager	Toer
MGR	Michael K. Quesenberry
	1121 Archangel Way
	Tallahassee, FL 32317
<del> </del>	
	<del></del>
(Use attachment if necessar	•)
ICLEV Effective data if other	than the date of filing: (OPTIONAL)
	e must be specific and cannot be more than five business days prior to or 90 days after
ate of filing.)	- man or specific and cannot be more than tive business days prior to or 20 days ar
والمراجلة أأناه ومساوية وأواري والأراج	ck does not meet the applicable statutory filing requirements, this date will not be listed
	Department of State's records.
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Ocument's effective date on the ICLE VI: Other provisions, if an REQUIRED SIGNATUR Sign	ture of a member of an authorized representative of a member.
REQUIRED SIGNATUR	Pulm K. Ombr

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)

Michael K. Quesenberry

\$ 5.00 Certificate of Status (Optional)