

**CORPORATE  
ACCESS,  
INC.**

236 East 6th Avenue . Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

**WALK IN**

**PICK UP**

☒ **CERTIFIED COPY**

☒ **CUS**

☐ **PHOTO COPY**

☒ **FILING**

1.)

Suncon PR, L.L.C.  
(CORPORATE NAME & DOCUMENT #)

2.)

(CORPORATE NAME & DOCUMENT #)

3.)

(CORPORATE NAME & DOCUMENT #)

4.)

(CORPORATE NAME & DOCUMENT #)

5.)

(CORPORATE NAME & DOCUMENT #)

**SPECIAL INSTRUCTIONS**

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-06/22/01--01054--008  
\*\*\*\*160.00 \*\*\*\*160.00

APPROVED  
AND  
FILED  
01 JUN 22 PM 12:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

VP  
0-22-01

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

**Suncon PR, L.L.C.**

## ARTICLE II - Address:

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

**1745 W. Fletcher  
Tampa, FL 34612**

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

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

**Michael P. Rice**

Name

**1745 W. Fletcher Avenue**

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

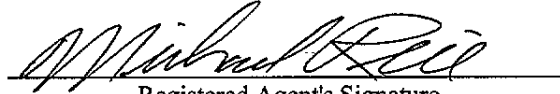
**Tampa,**

**FL**

**34612**

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

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

☒ The Limited Liability Company is to be managed by one manager 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.)

**Michael P. Rice**

Typed or printed name of signer

### 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)**

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