vision of Corporations

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Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : AGENTS AND CORPORATIONS, INC

Account Number : I20010000112 Phone : (302)575-0875 Fax Number : (302)575-1642

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

FLORIDA LIMITED LIABILITY CO. TEXAS SUN HOLDINGS LLC

| Certificate of Status | 0 |
|-----------------------|----------|
| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | \$125.00 |

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Help





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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

TEXAS SUN HOLDINGS LLC

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

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

3119 OBERLIN AVE. ORLANDO, FL 32804 3119 OBERLIN AVE. ORLANDO, FL 32804

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:

AGENTS AND CORPORATIONS, INC.

539 FIFTH AVENUE SOUTH SUITE 330

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

NAPLES

FL

34102

City

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 compléte 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.

Agents and Corporations, Inc.

Registered Agent's Signature (Required

John L. Williams, President

(CONTINUED)

| Title: "AMBR" = Authorized Member "MGR" = Manager | Name and Address: | | |
|---|---|----------|------------|
| MGR | SCOTT GOULD 3119 OBERLIN AVE. ORLANDO, FL 32804 | | |
| | | | |
| | | | |
| | • | | |
| (Use attachment if necessary) | | | |
| ARTICLE V: Effective date, if other than the date of (If an effective date is listed, the date must be specifithe date of filing.) | of filing: . (OPTIC ic and cannot be more than five business days prior to | | |
| ARTICLE VI: Other provisions, if any. | | ž Č | קוולפ רוהר |
| | | | 19 |
| REQUIRED SIGNATURE: | | | HA : |
| (In accordance with section 60) constitutes an affirmation under | ober or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this rethe penalties of perjury that the facts stated herein a nation submitted in a document to the Department of | re true. | 2:31 |

Filing Fees:

Mark D. Scheinblum

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)