Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LYONS & LYONS, P.A.

Account Number : I20030000061 Phone : (239)948-1823 Fax Number : (239)948-1826

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

tpicken11@me.com Email Address:

FLORIDA LIMITED LIABILITY CO. 5002 SW 16th, LLC

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ARTICLES OF ORGANIZATION OF 5002 SW 16TH, LLC

ARTICLE I - NAME

The name of the limited liability company is 5002 SW 16th, LLC, ("Company").

ARTICLE II - ADDRESS

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

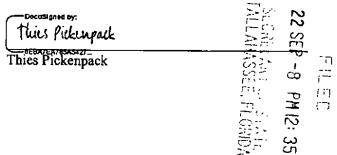
Principal Office Address: c/o Bonita Executive Center 8891 Brighton Lane, #103 Bonita Springs, Florida 34135 Mailing Address: 6015 Boca Raton Drive Dallas, TX 75230

ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE

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

Thies Pickenpack c/o Bonita Executive Centre Inc. 8891 Brighton Lane, #103 Bonita Springs, Florida 34135

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.



ARTICLES OF ORGANIZATION OF 5002 SW 16TH, LLC

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ARTICLE IV - MANAGERS OR MEMBERS

The name and address of each person authorized to manage and control the Company:

Title:

Name and Address:

"MGR" = Manager

"AMBR" = Authorized Member

MGR

Thies Pickenpack

c/o Bonita Executive Center 8891 Brighton Lane, #103 Bonita Springs, Florida 34135

MGR

Cornelia Pickenpack 6015 Boca Raton Drive Dallas, TX 75230

REQUIRED SIGNATURE:

Thirs Pickenpack

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203(1)(b), Florida Statutes. 1 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.

Thies Pickenpack

Typed or printed name of signee

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