

**Florida Department of State**  
**Division of Corporations**  
**Electronic Filing Cover Sheet**

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H23000267134 3)))



H230002671343ABC

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

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.\*\***

Email Address: rlyons@lyons-law.com

**FLORIDA LIMITED LIABILITY CO.**  
**ThiconSuns LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

RECEIVED

2023 JUL 32 PM 4:12

SECRETARIAL  
FILING

SECRETARY OF STATE  
TALLAHASSEE, FL

2023 AUG -1 AM 10:13

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

((H23000267134 3)))

ARTICLES OF ORGANIZATION  
OF  
THICONSUNS LLC

ARTICLE I - NAME

The name of the limited liability company is ThiconSuns LLC, (the "Company").

ARTICLE II - ADDRESS

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

Principal Office Address:

106 Hancock Bridge Parkway, D-15 #505  
Cape Coral, Florida 33991

Mailing Address:

6015 Boca Raton Drive  
Dallas, Texas 75230

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

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

L&L Para, Ltd. Co.  
27911 Crown Lake Boulevard, Suite 209  
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.*

L&L PARA, Ltd. Co, a  
Florida limited liability company

By: Linda M. Stevens  
Linda M. Stevens  
Its: Manager

2023 AUG - 1 AM 10:13  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED

((H23000267134 3)))

#### ARTICLE IV - MANAGERS OR MEMBERS

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

Title:

"MGR" = Manager

"AMBR" = Authorized Member

Name and Address:

MGR

Logan B. Frazier  
106 Hancock Bridge Parkway, D-15 #505  
Cape Coral, Florida 33991

MGR

Thies Pickenpack  
6015 Boca Raton Drive  
Dallas, Texas 75230

#### REQUIRED SIGNATURE:

DocuSigned by:

*Thies 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. I 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 signer

2023 AUG -1 AM 10:13  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED

((H23000267134 3)))