

**L230002377390**

Florida Department of State  
Division of Corporations  
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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.\*\***

Email Address: richard.lyons@lyons-law.com

**FLORIDA LIMITED LIABILITY CO.**

**ThiconSuns 2121 LLC**

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

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TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION  
OF  
THICONSUNS 2121 LLC

ARTICLE I – NAME

The name of the limited liability company is Thiconsuns 2121 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

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

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SECRETARY OF  
STATE  
TALLAHASSEE, FLORIDA

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#### 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 signee

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