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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.

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

FLORIDA LIMITED LIABILITY CO.

ThiconSuns 2704 LLC

Certificate of Status	0
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ARTICLES OF ORGANIZATION OF THICONSUNS 2704 LLC

ARTICLE I - NAME

The name of the limited liability company is ThiconSuns 2704 LLC. (the "Company").

ARTICLE II - ADDRESS

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

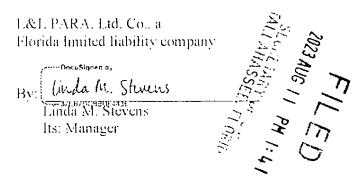
Principal Office Address: 106 Hancock Bridge Parkway, D-15 #505 Cape Coral, Florida 33991 Mailing Address: 6015 Boca Raton Drive Dallas, Texas 75230

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.



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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:

<u>Title</u>: <u>Name and Address</u>:

"MGR" = Manager

"AMBR" = Authorized Member

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:

Thirs fickingack

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