Division of Corporations Electronic Filing Cover Sheet

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(((H21000172080 3)))



H210001720803ABCV

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To:

Division of Corporations Fax Number : (850)617-6381

From:

Account Name: REGISTERED AGENTS INC.

Account Number: 120090000081 Phone: (307)200-2803 Fax Number: (855)330-1010

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

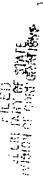
Email Address:

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FLORIDA LIMITED LIABILITY CO.

Prosperus Enterprises LLC

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



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Prosperus Enter	prises LLC contain the words "Limited	Liability Company	"	
(141 431	contain the words isnined	chaomity company,	C.C.C., OF C.C.C.	
ARTICLE II - Address: The mailing address and str	reet address of the principal o	ffice of the Limited	Liability Company is:	
<u>Pri</u>	incipal Office Address:		Mailing Address:	
7901 4th St N S	TE 300	<u>777 ;</u>	South Flagler Drive, West Towe	r
St. Petersburg, E	FL 33702	Suite		
		West	palm beach, FL 33401	
The Limited Liability Corr inother business entity wit	d Agent, Registered Office, apany cannot serve as its own than active Florida registration treet address of the registered	Registered Agent. 3	t's Signature: You must designate an individual	lor
The Limited Liability Com another business entity wit	ppany cannot serve as its own h an active Florida registratio	Registered Agent. \ on.) d agent are: d Agent LLC		lor
The Limited Liability Com another business entity wit	opany cannot serve as its own h an active Florida registration treet address of the registered	Registered Agent. \ nn.) d agent are:		lor
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The Limited Liability Com another business entity wit	ppany cannot serve as its own h an active Florida registration treet address of the registered Northwest Registered	Registered Agent. Non.) I agent are: I Agent LLC Name	ou must designate an individual	lor
(The Limited Liability Com another business entity wit	ppany cannot serve as its own han active Florida registration treet address of the registered Northwest Registered 7901 4th St N STE 3	Registered Agent. Non.) I agent are: I Agent LLC Name	ou must designate an individual	Іог
The Limited Liability Com another business entity wit	ppany cannot serve as its own h an active Florida registration treet address of the registered Northwest Registered 7901 4th St N STE 3 Florida street address	Registered Agent. Non.) I agent are: I Agent LLC Name 00 s (P.O. Box NOT ac	ou must designate an individual	Гог

(CONTINUED)

"AMBR" = Authorized Mem	Name and Address:
"MGR" = Manager	
AMBR	Carl Procner
12712211	Carl Prosper 7901 4th St N STE 300 St. Petersburg, El. 33702
	St. Petersburg, FL 33702
 	
effective date is listed, the date	nan the date of filing: (OPTIONAL)
CLE V: Effective date, if other the effective date is listed, the date to of filing.)	must be specific and cannot be more than five business days prior to or 90 days at does not meet the applicable statutory filing requirements, this date will not be listed expartment of State's records.
CLE V: Effective date, if other the effective date is listed, the date is of filing.) If the date inserted in this block cument's effective date on the D	nan the date of filing:
CLE V: Effective date, if other the effective date is listed, the date is of filing.) If the date inserted in this block cument's effective date on the D	must be specific and cannot be more than five business days prior to or 90 days at a does not meet the applicable statutory filing requirements, this date will not be listed bepartment of State's records.
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CLE V: Effective date, if other the effective date is listed, the date is of filing.) If the date inserted in this block cument's effective date on the DELE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature I am aware the constitutes a term of the constitutes a term of the constitutes at the constitutes at the constitutes as the constitutes at the constitutes	must be specific and cannot be more than five business days prior to or 90 days at a does not meet the applicable statutory filing requirements, this date will not be listed be partment of State's records. The of a member or an authorized representative of a member. In this executed in accordance with section 605.0203 (1) (b). Florida Statutes, at any false information submitted in a document to the Department of State hird degree felony as provided for in s.817.155, F.S.

ARTICLE IV-

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)