L. 95 (MODE) 554 FOR FLORIDA LIMITED LIABILITY COMPANY

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

000001542940 -07/21/95--01023--003 ++++346.25 ++++346.25

SUBJECT:	T: Prosperity Management, L.C.					
(Proposed limited liability company name - must include suffix)						
Enclosed is an origina	l and one (1) copy of the a	articles of organization an	nd a check for :			
\$285.00 Filing Fee & Registered Agent designation	\$293.75 Filing Fee, Registered Agent Designation & Certificate	\$337.50 Filing Fee, Registered Agent Designation & Certified Copy	\$346.25 Filing Fee, Registered Agent Designation, Certified Copy & Certificate			
FROM:	Stephen Littler		95 JUL 20 FII 4: 31 BINISICII LI CURPURATION			
	Name (Pri	Jul 20				
	1763 Ma	0 21 # 31 CIRCINATE				
	\$ * €					
	Dunedin,	FloriDa 34698 late & Zip	163			
(813) 736 - 1212. Daytime Telephone number						
~ ,						

495- 31120

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Prosperity Management, L.C.

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company

1763 Main St. #141 Dunedin, Florida 34698

ARTICLE III - Duration:

The period of duration for the Limited Liability Company shall be:

Perpetual

ARTICLE IV - Management: (check and complete the appropriate statement)

SECRETARY OF STATE

The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

NA

The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/ are:

Little Fumily Trust
1763 Main St. #141
Dunedin, FL 34698
L. William Cooper
% 1497 Main St. #301
Dunedin, FL 34698
Foltz Family Trust
1763 Main St. #141
Dunedin, FL 34698

Immaculate Environments Trust % 1497 Main St. #301 Dunedin, FL 34698

Warren Marston
1870 N. Vermont Ave #517
Los Angeles, CA 90027
Eternity Trust

Rick Gertsin
% 1497 Main St. #301
Dune Din, FL 34698

Eternity Trust c/o 1497 Main St. #301 Dunedin, FL 34698

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

The undersigned member or authorized representative of a member of	
Prosperity Management, L.C.	deposes and says:
1) the above named limited liability company has at least two members	
2) the total amount of cash contributed by the member(s) is	\$ <u>2,000</u> .
3) if any, the agreed value of property other than cash contributed by member(s) is A description of the property is attached and made a part hereto.	\$ <u>-0-</u> .
4) the amount of cash or property anticipated to be contributed by member(s) is	s 12,000.
5) the total amount of 2, 3, and 4 is	\$ 14,000.
Signature of a member or authorized representative of a member. (In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the	95 JUL 20 SECRETARY
execution of this allicavit consultates an allifmation unter the penalties of perjury that the facts stated herein are true.)	AH 0: 44 OF STATE FE FLORID.

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1.	The name of the limited liability company is:	Prosperity	Management, L.C.
2.	The name and address of the registered agent an	d office is:	
	Stephen (NAME) 1763 Main (P.O. Box <u>NOI</u> A D.O. FL	St. 4141	
	Donedin, Flo	re/Zip)	10

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.

SECRET TO STATE (SIGNATURE)

7-20 OF STATE (DATE) FLORID.