

F16000001468

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

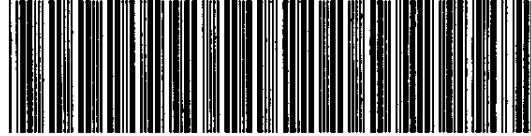
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

cuo W16-20197

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2016 MAR 28 PM 4:44  
FALLAH ASSOCIATES, LLC

K. GARY  
EXAMINER  
MAR 29



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 17, 2016

PATRICIA M LORELLO  
PROSPERITY BAY, INC.  
2189 CLEVELAND ST, STE. 204B  
CLEARWATER, FL 33765

SUBJECT: PROSPERITY BAY, INCORPORATED  
Ref. Number: W16000020197

We have received your document for PROSPERITY BAY, INCORPORATED and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly  
Regulatory Specialist II

Letter Number: 616A00005572

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PROSPERITY BAY, INC.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

PATRICIA M. LORELLO

Name of Person

PROSPERITY BAY, INC.

Firm/Company

2189 CLEVELAND STREET, SUITE 204B

Address

CLEARWATER, FLORIDA 33765

City/State and Zip code

PATLORELLO@AMIGO-MGA.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PAT LORELLO

727

580-5264 OR 727-314-4201

at ( )

Name of Person

Area Code

Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee    ☐ \$78.75 Filing Fee & Certificate of Status    ☐ \$78.75 Filing Fee & Certified Copy    ☒ \$87.50 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. PROSPERITY BAY INC.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

DELAWARE

34-4787964

2. \_\_\_\_\_  
(State or country under the law of which it is incorporated)

3. \_\_\_\_\_  
(FEI number, if applicable)

6/11/2014

4. \_\_\_\_\_  
(Date of incorporation)

5. \_\_\_\_\_  
(Date of duration, if other than perpetual)

6. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

2189 Cleveland Street, Suite 204B, Clearwater, Florida 33765

7. \_\_\_\_\_  
(Principal office address)

PO Box 85130, Hallandale Beach, Florida 33008

\_\_\_\_\_  
(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Patricia M. Lorello

Office Address: 2189 Cleveland Street, Suite 204B

Clearwater

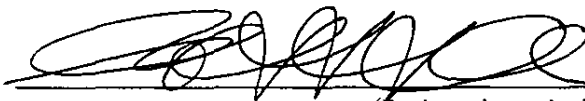
(City)

Florida

(Zip code)

**9. Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*



(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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HALLANDALE BEACH, FLORIDA

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11. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: ALAN T. RASOF

Address: 2189 CLEVELAND STREET, SUITE 204B  
CLEARWATER, FLORIDA 33765

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: LAUREN H. GOENENNWEIN

Address: 2189 CLEVELAND STREET, SUITE 204B  
CLEARWATER, FLORIDA 33765

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: PATRICIA M. LORELLO

Address: 2189 CLEVELAND STREET, SUITE 204B, CLEARWATER, FLORIDA 33765

Treasurer: PATRICIA M. LORELLO

Address: 2189 CLEVELAND STREET, SUITE 204B, CLEARWATER, FLORIDA 33765

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12.   
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.

13. PATRICIA M. LORELLO, SECRETARY/TREASURER

(Typed or printed name and capacity of person signing application)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY "PROSPERITY BAY INC." IS DULY  
INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD  
STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS  
OF THIS OFFICE SHOW, AS OF THE TWENTY-EIGHTH DAY OF MARCH, A.D.  
2016.

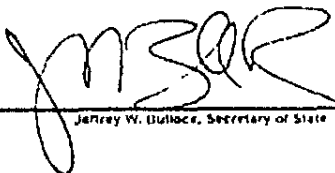
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SECRETARY OF STATE  
DELAWARE



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SR# 20161855021

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

  
Jeffrey W. Bullock, Secretary of State

Authentication: 202051370

Date: 03-28-16