

W04000032672

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

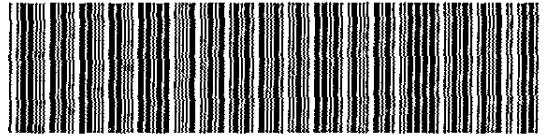
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



400032951084

04/19/04--01046--019 \*\*125.00

FILED  
04 APR 29 04 3:3  
SACRAMENTO  
CALIFORNIA

W04-32672  
AK



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

April 22, 2004

V. VICTORIA COPELAND  
5629 MODENA PLACE  
SARASOTA, FL 34238

SUBJECT: PROSPERITY CIRCLE ASSOCIATES  
Ref. Number: W04000015516

We have received your document for PROSPERITY CIRCLE ASSOCIATES and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a Limited Liability Company must end with the words "limited company", "limited liability company" or their abbreviation "Ltd. Co." "L.C." or "L.L.C."

You must insert the letters " MGRM" in the block above the name and address of each managing member and/or the letters "MGR" in the block above the name and address of each manager listed.

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) 245-6020.

Tammi Cline  
Document Specialist

Letter Number: 704A00026632

PROSPERITY CIRCLE ASSOCIATES  
TALLAHASSEE, FLORIDA

04 APR 29 PM 3:31

FILED

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Prosperity Circle Associates  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

V. Victoria Copeland  
(Name of Person)

Prosperity Circle Associates  
(Firm/Company)

5629 Modena Place  
(Address)

Sarasota, FL 34238  
(City/State and Zip Code)

For further information concerning this matter, please call:

V. Victoria Copeland at ( 941 ) 926-3462  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

04 APR 29 PM 3:31

FILED

**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Prosperity Circle Associates, L.L.C.

**ARTICLE II - Address:**

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

**Principal Office Address:**

5629 Modena Place

Sarasota, Florida 34238

**Mailing Address:**

FILED  
APR 29 PM 3:31  
CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

The name and the Florida street address of the registered agent are:

V. Victoria Copeland

Name

5629 Modena Place

Florida street address (P.O. Box **NOT** acceptable)

Sarasota

FLORIDA 34238

City, State, and Zip

*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 608, Florida Statutes..*

V. Victoria Copeland

Registered Agent's Signature

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

**Name and Address:**

"MGR" = Manager

"MGRM" = Managing Member

"MGRM"

Margaret DelGuidice

8552 Great Meadows Drive

Sarasota, FL 34238

"MGRM"

V. Victoria Copeland

5629 Modena Place

Sarasota, FL 34238

(Use attachment if necessary)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

04 APR 29 PM 3:31

FILED

**NOTE:** An additional article must be added if an effective date is requested.

**REQUIRED SIGNATURE:**

*V. Victoria Copeland*  
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

V. VICTORIA COPELAND  
Typed or printed name of signee

**Filing Fees:**

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)