## 104000061490

(Re	questor's Name)		
(Ad	dress)		
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(Cit	y/State/Zip/Phone	e #)	
PICK-UP	MAIT	MAIL	
(Bu	siness Entity Nar	ne)	
(Do	cument Number)		
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Certified Copies	Certificates	of Status	
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1799 N. Highland # 63 Clearwater, Florida 33755 August 15, 2004

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

Dear Registration Section,

I enclose a copy of the proposed articles of organization of Flourish and Prosper LLC, a proposed domestic limited liability company.

Please file the articles of organization and return a file-stamped copy of the original or other receipt as well as a Certificate of Status to me at the address above.

A check in the amount of \$130.00made payable to the Florida Department of State for the filing fee, Designation of Registered Agent and Certificate of Status is enclosed.

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Roberto Lugo

## TRANSMITTAL LETTER

	egistration Section vivision of Corporations		
SUBJECT	: Flourish a	and Prosper LLC	
		imited Liability Company)	
The enclos	sed Articles of Organization and fee(s)	are submitted for filing.	
	Please return all correspo	ondence concerning this matter to the following:	
	Roberto Lugo II		
		(Name of Person)	<del>///</del>
	**************************************	(Firm/Company)	· · · · · · · · · · · · · · · · · · ·
179	99 N. Highland #63		
		(Address)	
	Clearwater, Florida 33755		
		(City/State and Zip Code)	<del></del>
For further	information concerning this matter, pl	ease call:	
Roberto L	ugo il	at ( 727 ) 447-2341	
	(Name of Person)	(Area Code & Daytime Telephone Number	1)

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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company	is:	
Flourish and Prosper LLC		
ARTICLE II - Address: The mailing address and street address of the	e principal office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
1799 N. Highland #63	1799 N. Highland #63	
Clearwater, Florida 33755	Clearwater, Florida 33755	
ARTICLE III - Registered Agent, Register The name and the Florida street address of the		
Roberto Lugo II	O4 AUG	
Na Na		
1799 N. Highland #63		
	(P.O. Box NOT acceptable)	
Clearwater,	FLORIDA 33755	
City, Sta	ite, 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..

Registereli Agent's Signature

Page 1 of 2 (CONTINUED)

## 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		
MGMR	Roberto Lugo II	
- · · · · · · · · · · · · · · · · · · ·	1799 N. Highland #63	
and the second second	Clearwater, Florida 33755	
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MGMR	Milagros Lugo	
	6029 Cox Mill Rd	
	Sanford, NC 27330	一一·// / / / / / / / / / / / / / / / / /
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(Use attachment if necessary)		
NOTE: An additional article must l	be added if an effective date is requested.	
REQUIRED SIGNATURE:		
700		
Signature of a member or an	authorized representative of a member.	
(In accordance with section 6)	08.408(3), Florida Statutes, the execution	
of this document constitutes at	a affirmation under the penalties of perjury	
that the facts stated herein are	true.)	
Roberto Lugo II		17 -
	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)