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(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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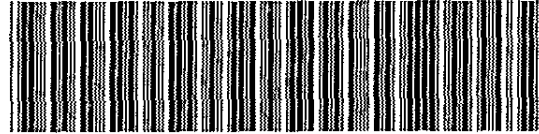
(Business Entity Name)

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JB

## COVER LETTER

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

SUBJECT: Prosperity Life Insurance, LLC

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

Please return all correspondence concerning this matter to the following:

Kriss Hammond  
Prosperity Life Insurance, LLC  
11380 Prosperity Farms Rd.  
Suite 113  
Palm Beach Gardens, FL 33410

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DIVISION OF CORPORATIONS  
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For further information concerning this matter, please call:

Kriss Hammond at 561-775-2588

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy    ☒ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**Prosperity Life Insurance, LLC**

**ARTICLE II - Address:**

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

**Principal Office Address:**

**11380 Prosperity Farms Rd.  
Suite 113  
Palm Beach Gardens, FL 33410**

**Mailing Address:**

**11380 Prosperity Farms Rd.  
Suite 113  
Palm Beach Gardens, FL 33410**

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

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

**Consulting Partners Network, Inc.  
11380 Prosperity Farms Rd.  
Suite 113  
Palm Beach Gardens, FL 33410**

*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, F.S..*

  
Registered Agent's Signature (REQUIRED)

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

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

**MGR**

**Consulting Partners Network, Inc.  
11380 Prosperity Farms Rd.  
Palm Beach Gardens, FL 33410**

**ARTICLE V:**

The type of limited liability company is as follows:

**Prosperity Life Insurance, LLC is a manager-managed limited liability company.**

**REQUIRED SIGNATURE:**

(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.)

  
**Kriss Hammond, President of Consulting Partners Network, Inc., Sole Manager**

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