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COVER LETTER *

TO:	Registration S Division of Co			
SUBJE	ест: <u>/</u> е	nity Prosperity (Name of Limite	Ltd. Co. d Liability Company)	
The en	closed Articles	of Organization and fee(s) are s	ubmitted for filing.	
Please	return all corres	pondence concerning this matte	er to the following:	
	VALE	RIE GARDNER		
		(Name of Person)	
	Veni	ity Prosperity	Ltd. Co.	
		•		
	300	21 S. W. 173rd	TERR	
	/\/	Iramar, Floridi	9 33029	
		(City	/State and Zip Code)	
For furt	ther information	concerning this matter, please	call:	
		GARDNER	at (305) 588 - 8	7141
	(Name	e of Person)	(Area Code & Daytime To	elephone Number)
Enclos	ed is a check fo	or the following amount:		,
] \$ 125	.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Addres Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company	/ 1S:	
Venity Prosperity Lta (Must end with the words "Limited Liability Company, "L	d. Coimited Company" or their abbreviation "LLC," or "L.C.,")	
ARTICLE II - Address: The mailing address and street address of the	e principal office of the Limited Liability Com	pany is:
	· F	
Principal Office Address:	Mailing Address:	
3021 S. W. 173rd Terr Miramar, Florida 33029	3021 S.W. 173rd TERR Miramar, FLORIDA 33029	
ARTICLE III - Registered Agent, Registe (The Limited Liability Company cannot serve as its own R business entity with an active Florida registration.)	ered Office, & Registered Agent's Signatures tegistered Agent. You must designate an individual or another, the registered agent are:	SECRET DIVISION C
		S CAN
VAIERIË G	SARDNER	PH DRPC
Na		7.10
		RATIONS L: 3L
	t address (P.O. Box <u>NOT</u> acceptable)	
	FL 33029	
City, Sta	ate, 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, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

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

MG-EM
Valeric Gardner
30215: W. 173rd Terr
Miramar, FLorida 33029

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _______. (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

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.)

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

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