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## **COVER LETTER**

TO: Registration S Division of Co			
SUBJECT: Divers	ified Prosperity LL	.c	
	(Name of Limit	ed Liability Company)	
The enclosed Articles of	f Organization and fee(s) are	submitted for filing.	
Please return all corresp	ondence concerning this mat	ter to the following:	
Susan Nai	panoi		
		(Name of Person)	
Diversified	Prosperity LLC		
<del></del>		(Firm/Company)	<b>2</b> 2
979 South	Kirkman Road #	34	2009 FE
		(Address)	HASS
Orlando, F	L 32811		<u> </u>
	(Cit	y/State and Zip Code)	FE 2:
For further information of	concerning this matter, please	e call:	:09
Douglas Mutug	ji	at ( 407 ) 384-586	1
(Name	of Person)	(Area Code & Daytime Tele	ephone Number)
Enclosed is a check fo	r 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 Address Registration Section Division of Corporations Clifton Building	

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company	y is:
Diversified Prosperity LLC  (Must end with the words "Limited I	Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the	ne principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
979 S.Kirkman Rd # 34	979 S. Kirkman Rd #34
Orlando, FL 32811	Orlando, FL 32811
(The Limited Liability Company cannot serve as its own business entity with an active Florida registration.)  The name and the Florida street address of to Susan Naipanoi  N  979 S. Kirkman R	lame 2
	et address (P.O. Box <u>NOT</u> acceptable)
Orlando,32811	FL ate, and Zip
Having been named as registered agent and liability company at the place designated registered agent and agree to act in this cap statutes relating to the proper and complet accept the obligations of my position as	d to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as eacity. I further agree to comply with the provisions of all the performance of my duties, and I am familiar with and registered agent as provided for in Chapter 608, F.S

(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:

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGRM	Douglas Mutugi
	10609 Leader Lane
	Orlando, FL 32825
MGRM	Susan Naipanoi
	979 S. Kirkman Rd # 34
	Orlando, FL 32811
MGRM	4908 Eaglesmere Drive # 214
	Orlando, FL 32819
Monia	In at Cita.
MGRM	Janet Gitau
(Use attachment if necessary)	6032 Raleigh Street # 2208 Orlando, FL 32835
CLE V: Effective date, if other than	Orlando, FL 32835
CLE V: Effective date, if other than ffective date is listed, the date mut days after the date of filing.)  REQUIRED SIGNATURE:	Orlando, FL 32835  the date of filing: (OPTION
CLE V: Effective date, if other than ffective date is listed, the date must days after the date of filing.)  REQUIRED SIGNATURE:  Signafure of a man of this document of this document.	Orlando, FL 32835  the date of filing: (OPTION set be specific and cannot be more than five business d
CLE V: Effective date, if other than ffective date is listed, the date must days after the date of filing.)  REQUIRED SIGNATURE:  Signafure of a man of this document of this document.	Orlando, FL 32835  The the date of filing:

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

Title Name and Address

MGRM James Apina

1449 S. Kirkman Road Apt 2020

Orlando, FL 32811

MGRM Agnes Gatiba

5572 Arnold Palmer Drive Apt 315

Orlando, FL 32811

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