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PICK-UP WAIT MAIL
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O. BUTER

(850) 245-6051.

COVER LETTER

TO:

Registration Section

Division of Corporations

SUBJECT:

Prosperity Products Online, LLC

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:

Priscilla Nelson

Name of Person

Firm/Company

5610 Terrain De Gûlf Dr.

Address

Lutz, FL 55338

City/State and Zip Code

Pris@nelsoncohen.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Priscilla Nelson

Name of Person

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

(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 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:			-		
The name of the Littled Liability Compan	iy is.		ĘĠ	<u>ن</u> پ	er i Pág
Prosperity Prod	ducts Or	nline, LLC	A HAS		grass. Sentral
(Must end with the words "Limited				2	
ARTICLE II - Address: The mailing address and street address of t	the prin	cipal office of the Limited Lia	ability Cor	AH 8ay	is:
Principal Office Address:		Mailing Address:	13.		
5610 Terrain De G 0 ff Dr.		5610 Terrain De Gülf Dr.			
Lutz, FL 55338		Lutz, FL 55338			
business entity with an active Florida registration.) The name and the Florida street address of	the reg	gistered agent are:			
Priso	cilla Nel	son			
	Name				
5610 Te	rrain De	e G û lf Dr.			
Florida stre	cet addre	ess (P.O. Box NOT acceptable)			
Lu	utz	FL 55338			
C	ity, State	e, and Zip			
Having been named as registered agent ar liability company at the place designate registered agent and agree to act in this c all statutes relating to the proper and co	ed in thi capacity	is certificate, I hereby accept they. I further agree to comply wi	he appointn ith the prov	nent a. isions	s of

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 MGRM Priscilla Nelson 5610 Terrain De Gulf Dr. Lutz, FL 55338

ARTICLE V: Effective date, if other than the date of filing: <u>Vely 8, 2013</u>. (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:

(Use attachment if necessary)

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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Priscilla Nelson

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)