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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Email Address:

Account Name : CORP USA

Account Number: 072450003255

: (305)634-3694

Fax Number

: (305)633-9696

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

FLORIDA LIMITED LIABILITY CO. PROSPERITY FARMS ROAD, LLC

Certificate of Status	1
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Page Count	04
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## **COVER LETTER**

	gistration Section vision of Corporations			
	Prosperity Farms	Road	LLC	
SUBJECT	·	mited Liabilio		
	ed Articles of Organization and foc(s) a			
Please retu	m all correspondence concerning this m		llowing:	
	David T. Seif, Esc			<del></del>
		Name of P	'erson	
	Law Office of Day	vid T. S	Seif, P.A.	
		Firm/Con	ралу	
•	Galleria Professional Bui	iding, 91	Middle Rive	r Drive, Suite 600
		. Addre	55	
	Fort Lauderdale,	FL 333	304	
	seiflaw@aol.com	City/State and	Zip Code	
	——————————————————————————————————————	(to be used fo	r flature annual repos	t notification)
For further	rinformation concerning this matter, pl	case call:		
Davi	d Seif, Esq.	954	564-081	1
	Name of Person	Area Code	Daytime Teleph	
m	the state of the s			
\$125.00 P	is a check for the following amount:  Filing Fee \$\int \partial \part		0 Filing Fee &	Is 160.00 Filing Pec,
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	Malling Address		Street/Courier Add	etaca.
	Registration Section Division of Corporations		Registration Section Division of Corpora	<del></del>
	P.O. Box 6327		Clifton Building 2661 Executive Cen	
	Talishassee, PL 323 l 4		Taliahassoe, FL 323	

9696889908 38:41 9102/61/40

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		1,000
ARTICLE I - Name: The name of the Limit	s Ited Liability Company Is:	
	Prosperity Farms Road, LLC (Must end with the words "Limited Liability Company, "LLC," or "LC.")	
ARTICLE II - Addre The mailing address an	ress: and street address of the principal office of the Limited Liability Company is:	
Principal Office Add	dress: Mailing Address:	
	Did Tappan, NJ 0765 Old Tappan, NJ	ру 07675
(The Limited Liability another business entity	istared Agent, Registered Office, & Registered Agent's Signature: by Company cannot serve as its own Registered Agent. You must designate an individuality with an active Florida registration.)  pricts street address of the registered agent are:  Occar E. Sozo, Eso.	l or
	Name	
	1 defile	
	Constat Towns Bidg, 2400 E. Commercial Blvd., Suth 400	
	Florida street address (P.O. Box <u>NOT</u> acceptable)	
	FOR Laudergale FL 33308	٠
,	City Zip	
Having been named a	as registered agent and to accept service of process for the above stated limited liability and in this certificate, I hereby accept the appointment as registered agent and agree to a	Chietti/Henri est

(CONTINUED) Pege 1 of 2

> 04/18/5016 14:35 9696889908

Trie:	<u> Jame Rod Address:</u>
"AMBR" = Authorized Member	
"MGR" = Manager	Jim Donaghy
MOR	10. Laine codar Wall
	Old Tappan, NO 07615
	Carlo Teleports Nag Sig 19
(Use attachment if necessary)	
LE V: Effective data, if other than the date of	f (ding:
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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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