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COVER LETTER

TO: New Filing Section Division of Corporations	·
SUBJECT: 70 Prospect P	mited Liability Company
The enclosed Articles of Organization and fee(s) a	re submitted for filing.
Please return all correspondence concerning this n	natter to the following:
Bill	Antar CPA
	Name of Person
A	Cape Coral Tax &
	City/State and Zip Code
	MCS. COM ed for future annual report notification)
For further information concerning this matter, plea	
	Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$125.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed) Street Address Street Address
Mailing Address New Filing Section	Street Address New Filing Section

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

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

20 MAR | | PM |2: | 9

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

79 PROSPECT AVE, LLC. 3325 SE 17TH AVE CAPE CORAL, FL 33904

ARTICLE II - Address:

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

79 PROSPECT AVE, LLC. 3325 SE 17TH AVE CAPE CORAL, FL. 33904

Principal Office Address: Mailing Address:

3325 SE 17TH AVE CAPE CORAL, FL 33904

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

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

BILL ANTAR, CPA
CAPE CORAL TAX & ACCOUNTING SERVICES, LLC
3306 DEL PRADO BLVD, S.
CAPE CORAL, FL 33904

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. Thereby 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 position as registered agent as provided for in Chapter 605, 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:

WILMA GONZALEZ (Managing Member) 3325 SE 17TH AVE CAPE CORAL, FL 33904

ARTICLE V: Effective date, if other than the date of filing:

This LLC shall have perpetual existence, commencing upon the date of filing of these articles with the Florida Department of State.

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b). 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.)

L Wilma Gonzalez
Typed or printed name of signee

X 2-26-20