iorida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

Prom:

Account Name : PEDRO LOZQUINOS Account Number : 120170000042 Phone : (954) 655-8413 Fax Number : (954)432-8807

Enter the email address for this business entity to be used for future summai report, mailings. Enter only one email address please.

PLUTRUINOIFO HOTMAIL CAN

FLORIDA LIMITED LIABILITY CO. PROSPERITY INVESTMENT PROPERTY LLC

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Certificate of Status	0
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Corporate Filing Menu

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COVER LETTER

TO:	New Filing Section Division of Corporations		
SUBJEC	PROSPERITY INVESTMENT I	PROPERTY LLC	
	Name o	f Limited Liability Company	
The enck	osed Articles of Organization and fect	s) are submitted for filing	
	turn all correspondence concerning thi		
	FERRER, OSCAR		
		Name of Person	2
		Eņ. ≱m	2021 FEB 10
		Pirm/Company 52.	[B]
	100 BAYVIEW DR #PH-26	*** * *** **	0
		Address	F# 4:
	SUNNY ISLES, FL 33160	a.	5.5
	oscarferrerf@gmail.com	City/State and Zip Code	
	E-mail address: (to be u	sed for future annual report notification)	
For further	information concerning this matter, ple	case call:	
	PEDRO LUZQUINOS	954 655-8413	
	Name of Person	Area Codc Daytime Telephone Number	
Enclosed is	s a check for the following amount:		
\$125.00 F	iling Fee \$\int \text{S130.00 Filing Fee & Certificate of Status}	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

PROSPUBLTO INC.	501, 47, 47					
TROSPERTITINY	ESTMENT PROPERT	Y LLC				
(Must con	tain the words "Limited	Liability Cor	npany, "L.L.C.," or "LLC.")			
ARTICLE II - Address:						
The mailing address and street of	oddman state i i i i					
The mailing address and street a	muress of the principal	office of the L	limited Liability Company is:			
	oal Office Address:		• •			
	·-		Malling Address:			
100 BAYVIEW DR	#P11-26		100 BAYVIEW DR #PH-26			
SUNNY ISLES, FL	33160		SUNNY ISLES, FL 33160			
ARTICLE III - Registered Age	ent, Registered Office,	& Registere				
	active Florida registration	n Registered A				
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a The name and the Florida street a	active Florida registration	n Registered A		<u> </u>	202	
another business entity with an a	active Florida registration	n Registered A			2021 FI	
another business entity with an a	active Florida registration	n Registered A on.) d agent are:		<u>*</u>	2021 FEB	.J.
another business entity with an a	active Florida registration	n Registered A		<u>*</u>	£€8	<u></u> J
another business entity with an a	rective Florida registration address of the registered FERRER, OSCAR	Name #PII-26	d Agent's Signature: agent. You must designate an individual o		FE8 10	!
another business entity with an a	rective Florida registration address of the registered FERRER, OSCAR	Name #PII-26	d Agent's Signature: agent. You must designate an individual o	* (AHASSEE) -	£€8	
another business entity with an a	rective Florida registration address of the registered FERRER, OSCAR 100 BAYVIEW DR Florida street address	Name #PII-26 s (P.O. Box N	d Agent's Signature: Igent. You must designate an individual of	ALL AHASSE	FE8 10	<u></u>
another business entity with an a	rective Florida registration address of the registered FERRER, OSCAR	Name #PII-26	d Agent's Signature: agent. You must designate an individual o	ALL AHASSEET A	FEB 10 PM	, [

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 605, F.S.

OSCOL Fennen
Registered Agent's Signature (REQUIRED)

(CONTINUED)

1 >> 850-617-6381 11 4 0 0 0 0 5 10 7-93

Title; "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	FERRER, OSCAR
	100 BAYVIEW DR #PII-26
	ORLANDO, FL 32819
AMBR	FERRER, RAQUEL
	100 BAYVIEW DR #PH-26
	ORLANDO, FL 32819
	
Use attachment (Frances	
V: Effective date, if other than the date of the date is listed, the date must be sperfilling.)	of filing: (OPTIONAL) cific and cannot be more than five business days prior to or
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