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Special Instructions to	Filing Officer:	
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COVER LETTER

	Filing Section ion of Corporations
SUBJECT: _	PROS PECTIVE INVESTMENTS IXP, LLC Name of Limited Liability Company
The enclosed A	Articles of Organization and fee(s) are submitted for filing.
Please return a	Il correspondence concerning this matter to the following:
_	FELIX RAMON POLANCO JORGE Name of Person
	Name of Person
	Firm/Company
	5337 NW 5 5T
	Address
	DELRAY BEACH, FLORIDA 33445
	DELRAY BEACH, FLURIDA 33445 FERPOL 68 City/State and Zip Code FERPOL 68 CITY/AIL. CS
	E-mail address: (to be used for future annual report notification)
For further infor	mation concerning this matter, please call:
FELIX K	PAMON POLANCO TORGE 954, 708-7385
	Name of Person Area Code Daytime Telephone Number
Enclosed is a c	heck for the following amount:
□\$125.00 Fili	ing Fee S130.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Malling Addition

Mailing Address

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

<u>Street Address</u> New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:
PERSPECTIVE INVESTMENTS I & P. 1.53
(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
DELRAY BEACH, FL. 33495 DELRAY BEACH, FL 33445
DELRAY BEACH, FL. 33495 DELRAY BEACH, FL 33445
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)
The name and the Florida street address of the registered agent are:
FELIX RAMON POLANCO JORGE
Name
5337 NW 5 ST.
Florida street address (P.O. Box NOT acceptable)
DELRAY BEACH, FLORIDA 33445
City State Zip
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 Registered Agent's Signature (REQUIRED)
(CONTINUED)
(CONTINUED)

<u>Title:</u> "AMBR" = Authorize	ed Memher	Name and Address:
"MGR" = Manager		1
PRESIDENT	<u></u>	FELIX RAMON POLANCO JORGE
		FELIX RAMON POLANCO JORGE 5337 NW 5 51 DELRAY BEACH, FLORIDA 33445
VICE PRESID	ENT	LOURDES CAROLINA INOA PEREZ
		DELRAY BEACH, FLORIDA 33495
(Use attachment if nec	cessary)	
ARTICLE V: Effective date, if		
If an effective date is listed, the date of filing.)	e date must be speci	fic and cannot be more than five business days prior to or 90 days after
Note: If the date inserted in thi	is block does not me	et the applicable statutory filing requirements, this date will not be listed as
he document's effective date o	on the Department of	State's records.
ARTICLE VI: Other provisions	i, if any.	

Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes.

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.

FELIX RAMON POLANCO JORGE
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)