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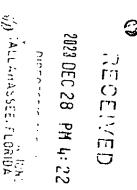
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| Certified Copies              | Certificates         | of Status   |
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| Special Instructions to Filir | ng Officer:          |             |
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## **WALK IN**

|              | PIC                   | CK UP:     | BROOK 12/2 | 28                                    |                    |     |
|--------------|-----------------------|------------|------------|---------------------------------------|--------------------|-----|
|              | CERTIFIED COPY        |            |            |                                       |                    |     |
| XX           | РНОТОСОРУ             |            |            |                                       |                    |     |
|              | GS                    |            |            |                                       |                    |     |
| XX           | FILING                | LLC        | ,          |                                       |                    |     |
|              | ROSPERITY G HO        |            | LC         |                                       |                    |     |
| (C           | CORPORATE NAME AND DO | DCUMENT #) |            |                                       |                    |     |
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| (C           | CORPORATE NAME AND DO | OCUMENT #) |            |                                       | # 4:48             | 7   |
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| CIAL<br>RUCT | TIONS:                |            |            | · · · · · · · · · · · · · · · · · · · |                    |     |
|              | _<br>_                |            |            |                                       |                    |     |

### COVER LETTER

| TO:         | New Filing Section Division of Corporations  |
|-------------|--|
| SUBJEC      | CT: Prosperity G Holdings, Liconamy  Name of Limited Liability Company   |
|             | osed Articles of Organization and fee(s) are submitted for filing.   |
| Please re   | eturn all correspondence concerning this matter to the following:  |
|             | Name of Person   |
|             | Tax & Accounting office INC Firm/Company   |
|             | 3113 Stirling Rd, Soire 203<br>Address   |
|             | Fort Lauderdale, FL, 33313 City/State and Zip Code   |
|             | E-mail address: (to be used for future annual report notification)   |
| For further | information concerning this matter, please call:   |
|             | Maya Razia at (454) 483 9394  Name of Person Area Code Daytime Telephone Number  |
| Enclosed    | is a check for the following amount:   |
| \$125.00 F  | Siling Fee S130.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)                          |
|             | Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301 |

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| The name of the Limited Liability Company is:   |   |
|---|---|
| Prosperity 6 Holdings (Must contain the words "Limited Liability Co   | S LLC ompany, "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:  |
| 3113 Stirling Road, STE 203<br>Fort Lauderdale, FL.<br>33318  | 3!13 Stilling Road STE 203<br>Fort Lauderdaile, FL<br>33312 |
| ARTICLE III - Registered Agent, Registered Office, & Register (The Limited Liability Company cannot serve as its own Registered another business entity with an active Florida registration.) |   |
| The name and the Florida street address of the registered agent are:  |   |
| Tax & Accounting  | 3 office INC  |
| 3113 Stirling Ro  | pad Suite 903   |

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 is 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)

Florida street address (P.O. Box NOT acceptable)

(CONTINUED)

| "AMBR" = Authorized Member  | Name and Address:  |
|---|--|
| "MGR" = Manager   |  |
|   |  |
|   |  |
| MGR   | Tax & Accounting office INC  |
|   | 3113 Sticking Rood, STE 203.<br>Fort Lauderdale FL 33312   |
| 4 . 4 0 10  |  |
| AMBR  | Surfrider Wealth Shield<br>Trust 3113 Stirling Read.   |
|   | Fort Landerdale FL 33313   |
|   | •  |
|   |  |
|   |  |
| Use attachment if necessary)  |  |
| ctive date is listed, the date must be sp<br>filing.)   | pecific and cannot be more than five business days prior to or 90 days   |
| ctive date is listed, the date must be sp<br>f filing.) he date inserted in this block does not a<br>nent's effective date on the Department  | meet the applicable statutory filing requirements, this date will not be   |
| f filing.)  | meet the applicable statutory filing requirements, this date will not be of State's records.   |
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| ctive date is listed, the date must be sp f filing.) the date inserted in this block does not a nent's effective date on the Department CVI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a me This document is execu I am aware that any false                             | meet the applicable statutory filing requirements, this date will not be of State's records.   |
| ctive date is listed, the date must be sp f filing.) the date inserted in this block does not a nent's effective date on the Department CVI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a me This document is execu I am aware that any false                             | meet the applicable statutory filing requirements, this date will not be of State's records.  The ember of an authorized representative of a member. Ited in accordance with section 605.0203 (1) (b), Florida Statutes in information submitted in a document to the Department of State in felony as provided for in s.817.155, F.S. |
| ctive date is listed, the date must be sp f filing.) the date inserted in this block does not a nent's effective date on the Department CVI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a me This document is execu I am aware that any false                             | meet the applicable statutory filing requirements, this date will not be of State's records.   |
| retive date is listed, the date must be specifiling.) the date inserted in this block does not a tent's effective date on the Department CVI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a mean This document is execular aware that any false constitutes a third degree | meet the applicable statutory filing requirements, this date will not be of State's records.  The ember of an authorized representative of a member. Ited in accordance with section 605.0203 (1) (b), Florida Statutes in information submitted in a document to the Department of State in felony as provided for in s.817.155, F.S. |

ARTICLE IV-