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PICK-UP	☐ WAIT	MAIL MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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FLORIDA DEPARTMENT OF STATE Division of Corporations

January 15, 2014

JENNIFER LEVIN, ESQ. 20295 NE 29 PLACE, SUITE 200 AVENTURA, FL 33180

SUBJECT: LIV-USA TECHNOLOGIES, LLC

Ref. Number: W14000002892

We have received your document for LIV-USA TECHNOLOGIES, LLC and your check(s) totaling \$160.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammi Cline Regulatory Specialist II

Letter Number: 214A00001028

COVER LETTER

	Registration Section Division of Corporations							
SUBJEC"	_{Г:} LIV-USA Techno	logies, LLC						
			ited Liability Comp	nany				
	sed "Application by Foreig , and check are submitted to							
Please rett	urn all correspondence cor	ncerning this matter to the	following:					
	Jennifer Levin	, Esq.						
		Na	une of Person					
	Fromberg, Per	rlow & Kornik, P.A.						
		Fi	rm/Company					
	20295 NE 29 I	20295 NE 29 Place, Suite 200		T.C.	2014	* * *		
	Aventura FL 3	33180	Address				2014 JEN 24 EN ÎI: 15	
		·	ate and Zip Code			1	-	
	jlevin@fpk-law	.com -mail address: (to be used	for future annual r	eport notific	ration)	 :	<u></u>	
For further	r information concerning t		nor rattic annual r	орил с поппе	arrony	179		
ل	lennifer Levin		at (305	, 933-20	00			
	Name of	Person	Area Code	Daytime	Telephone Num	her		
D R P	MAILING ADDRESS: Division of Corporations tegistration Section 1.O. Box 6327 Callahassee, FL 32314	Divisio Registra Clifton 2661 E:	ET ADDRESS: n of Corporations ation Section Building secutive Center Cir ssee, FL 32301	cle				
	l is a check for the fol 1 \$125.00 Filing Fee	lowing amount: 3\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Certified Cop		고 \$160.00 Filing of Status & Co			

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: 1 LIV-USA Technologies, LLC		
1. (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.	C.," or "LLC.")	
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida ar consent of the managers or managing members adopting the alternate name. The alternate name must in Company," "L.L.C," "LLC.")	id attach a copy of aclude "Limited L	Tthe written iability
2. Delaware 3. 46-4159357		
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if appl	icable)	
4. N/A		
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)		
5. 1920 East Hallandale Beach Boulevard, PH15	\$ CV	
Hallandale Beach FL 33009	**************************************	
(Street Address of Principal Office)		2 1
6. 1920 East Hallandale Beach Boulevard, PH15	1, -	<u> </u>
Hallandale Beach FL 33009	:	
(Mailing Address)		@
7. The name, title or capacity and address of the person(s) who has/have authority to	manage is/are:	
Jeffrey M. Perlow, Manager	<u></u>	
20295 NE 29th Place, Suite 200		
Aventura FL 33180		
8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the officin the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate translation of the certificate under oath of the translator must be submitted.)	ial having custody is in a foreign lang	of records uage, a
Signature of an authorized person		

(In accordance with section 605.0203, F.S., 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.)

JEFFREY M. PERLOW

Typed or printed name of signce

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the L	imited Liability Com	pany is:	
LIV-USA Technolog	gies, LLC		 _
If unavailable, the alto	ernate to be used in the	ne state of Florida is:	
2. The name and the	Florida street address	s of the registered agent and office are:	
DAC	E COUNTY CORP	PORATE AGENTS, INC.	100 pm
		(Name)	
2029	95 NE 29th Place,	Suite 200	3
1 111111111111111111111111111111111111	Florida Street A	ddress (P.O. Box NOT ACCEPTABLE)	
AVE	ENTURA	_{FL} 33180	2 ²⁷ 6
		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, Florida Statutes.

(Signature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LIV-USA TECHNOLOGIES, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SECOND DAY OF JANUARY, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LIV-USA TECHNOLOGIES, LLC" WAS FORMED ON THE FIFTEENTH DAY OF NOVEMBER, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

5433134 8300

140074087

leffrey W. Bullock, Secretary of State

AUTHENTICATION: 1074690

DATE: 01-22-14

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