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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : HARVARD BUSINESS SERVICES, INC.

Account Number : 120080000045

Phone : (302)645-7400 Fax Number : (302)645-1280

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

Email Address: _____bill@livo.io

FOREIGN PROFIT/NONPROFIT CORPORATION LIVO Holdings, Inc.

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NOV 1 2 2019

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

		adopted for the purpose of transacting business i 84-3577331	n Florida)
	things the little of without the transfer	(FEI number, if applicable)	
(Date o	of incorporation) 5.	(Date of duration, if other than perpet	ual)
	(Only first transacted business it	Florida, if prior to registration)	
370 Miracle Mile,	(SEE SECTIONS 607.1501 & 607.15 Coral Gables, FL 33134	502, F.S., to determine penalty liability)	~ ∶
		pal office address)	19.80
	(Current maili	ng address, if different)	- ထ
	t address of Florida registered agent: (P. William Lopez	O. Box <u>NOT</u> acceptable)	PH မာ
Name:	370 Miracle Mile	,-	30
ffice Address:	Coral Gables	, Florida	
	(City)	(Zip code)	

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

II. Name	es and business addresses of officers and/or directors:	
A. DIRE	CTORS	
Chairman:		
Address: _		
-		
Vice Chair	rman:	
Address:		
_	William Lopez	
	370 Miracle Mile, Coral Gables, FL 33134	
Address:		
Director.		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
B. OFF		
President	William Lopez	
	370 Miracle Mile, Coral Gables, FL 33134	
Vice Pre	sident:	
	1	<u>:</u> .
	()	, ,
Secretar	y: ယ	
Address	<u> </u>	
Treasure	r:	
Address	:	
NOTE	: If necessary, you may attach an addendum to the application listing additional officers and/or directors.	
	Signature of Director or Officer	
are true	ficer or director signing this document (and who is listed in number 11 above) affirms that the facts stated here and that he or she is aware that false information submitted in a document to the Department of State constitute degree felony as provided for in s.817.155, F.S.	in ites
	(Trunch or printed name and canacity of nerson signing application)	
	(re-rad or printed name and canacity of ocrson signing application)	

11. Names and business addresses of officers and/or directors:

B. OFFICERS

CEO: William Lopez, 370 Miracle Mile, Coral Gables, FL 33134

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LIVO HOLDINGS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE EIGHTH DAY OF NOVEMBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LIVE HOLDINGS, INC." WAS INCORPORATED ON THE THIRTY-FIRST DAY OF OCTOBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE.

2019 KGY -8



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SR# 20197991142

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203966357

Date: 11-08-19

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