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| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

| TO: Registration Section Division of Corporations | | |
|--|---|---|
| SUBJECT: L!VE LLC | | |
| | mited Liability Company | |
| The enclosed Articles of Organization and fee(s) a | re submitted for filing. | |
| Please return all correspondence concerning this m | natter to the following: | |
| Brian Andrew Tewes | | |
| | Name of Person | |
| LIVE LLC | | |
| | Firm/Company | |
| 1325 Northgate Circle, #101 | Address | |
| | Address | |
| OVIEDO, FL 32765 | City/State and Zip Code | |
| BATEWES@YAHOO COM | | |
| | d for future annual report notifica | ation) |
| For further information concerning this matter, plea | ase call: | |
| BRIAN ANDREW TEWES at (Name of Person | 786) 473-5398 Daytime Tel | lephone Number |
| Enclosed is a check for the following amount: | | |
| ☑ \$125.00 Filing Fee | □\$155.00 Filing Fee & Certified Copy (additional copy is enclosed) | □\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mailing Address | Street/Courier Add | <u>ress</u> |
| Registration Section Division of Corporations | Registration Section Division of Corporat | ions |
| P.O. Box 6327 Tallahassee, FL 32314 | Clifton Building | can Charle |

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: | | |
|---|---|---|
| The name of the Limited Liability Company is: | | |
| LIVE LLC | | |
| (Must end with the words "Lim | ited Liability Company, "L.L.C.," or "L | LC.") |
| ARTICLE II - Address: The mailing address and street address of the princip | al office of the Limited Liability Compa | iny is: |
| Principal Office Address: | Mailing Address: | |
| 1325 Northgate Circle, #101 OVIEDO, FL 32765 | 1325 Northgate Circle, #101 OVIEDO, FL 32765 | |
| ARTICLE III - Registered Agent, Registered Offi (The Limited Liability Company cannot serve as its canother business entity with an active Florida registr | own Registered Agent. You must designa | ate an individual or |
| The name and the Florida street address of the registe | ered agent are: | |
| BRIAN ANDREW TEWES | | |
| N | ame | |
| 1325 Northgate Circle, #1 Florida street address (P.O. | | |
| OVIEDO | Fl, 32765 | |
| City | Zip | |
| Having been named as registered agent and to accept the place designated in this certificate, I hereby accapacity. I further agree to comply with the provisi of my duties, and I am familiar with and accept the | ccept the appointment as registered agent ons of all statutes relating to the proper a | t and tyree to act in this and complete performance |
| Brie Tes | | A - 7 |
| Registered Agent's Si | ignature (REQUIRED) INUED) | AH 9:5 |
| Page | 1 of 2 | DA # |

| <u>Γitle:</u> | Name and Address: |
|--|---|
| 'AMBR" = Authorized Member | |
| 'MGR" = Manager AMBR | BRIAN ANDREW TEWES |
| , wilding | 1325 Northgate Circle, #101 |
| | OVIEDO, FL 32765 |
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| CV: Effective date, if other than the detive date is listed, the date must be | ate of filing: <u>APRIL 1, 2014</u> . (OPTIONAL) specific and cannot be more than five business days prior to or 90 d |
| ctive date is listed, the date must be f filing.) E VI; Other provisions, if any. | ate of filing: <u>APRIL 1, 2014</u> . (OPTIONAL) specific and cannot be more than five business days prior to or 90 d |
| EV: Effective date, if other than the dective date is listed, the date must be filling.) EVI: Other provisions, if any. | specific and cannot be more than five business days prior to or 90 d |
| EV: Effective date, if other than the dective date is listed, the date must be filling.) EVI: Other provisions, if any. REQUIRED SIGNATURE: | specific and cannot be more than five business days prior to or 90 d |
| E V: Effective date, if other than the decrive date is listed, the date must be filling.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a (In accordance with section constitutes an affirmation used in a management of the constitutes and its constitutes and affirmation used in a management of the constitutes and affirmation used in a management of the constitutes and affirmation used in a management of the constitutes and affirmation used in the constitutes and | member or an authorized representative of a member of an authorized statutes, the execution of this document ander the penalties of perjury that the facts stated herein are true formation submitted in a document to the Department of State of the comment of the |
| EV: Effective date, if other than the decrive date is listed, the date must be filling.) EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a (In accordance with section constitutes an affirmation up I am aware that any false in constitutes a third degree fermion of the constitutes and in the constitutes and in the constitutes at the con | member or an authorized representative of a member of 605.0203 (1) (b), Florida Statutes, the execution of this document offer the penalties of perjury that the facts stated herein are true formation submitted in a document to the Department of State flory as provided for in s.817.155, F.S.) |
| EV: Effective date, if other than the detive date is listed, the date must be filling.) EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a (In accordance with section constitutes an affirmation under the date of the constitutes are affirmation under the constitutes are | member or an authorized representative of a member of an authorized statutes, the execution of this document of the penalties of perjury that the facts stated herein are true formation submitted in a document to the Department of State formation submitted in s.817.155, F.S.) |