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Gray Robinson

D. Orlando

No. 0514 P. 1

**LS00091065**

# Florida Department of State

## Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6381

From: **Carrie Ramos, Paralegal** PLEASE FAX CONFIRMATION TO 407 244-5690  
Account Name : GRAYROBINSON, P.A. - ORLANDO  
Account Number : 120010000078  
Phone : (407)843-8880  
Fax Number : (407)244-5690

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

Email Address: bisser@livetrendsdesign.com

### FLORIDA LIMITED LIABILITY CO. Livetrends Consumer Services, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

15 NOV 13 PM 5:30

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TALLAHASSEE, FLORIDA

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

**ARTICLE I**  
**Name**

The name of this Limited Liability Company is:

LIVETRENDS CONSUMER SERVICES, LLC

**ARTICLE II**  
**Address**

The initial mailing address and street address of the principal office of this Limited Liability Company is:

Principal Office Address

1350 Sheeler Ave., Suite 1  
Apopka, Florida 32703

Mailing Address

P.O. Box 2025  
Apopka, Florida 32704

**ARTICLE III**  
**Management**

This Limited Liability Company is to be managed by one or more managers and is, therefore, a "manager-managed" limited liability company.

**ARTICLE IV**  
**Initial Board of Managers**

This Limited Liability Company shall have one (1) manager initially. The number of managers may be either increased or decreased from time to time in accordance with the Operating Agreement of this Limited Liability Company, but shall never be less than one.

The name and address of the initial manager of this Limited Liability Company is as follows:

Name

Bisser Georgiev

Street Address

1350 Sheeler Ave., Suite 1  
Apopka, Florida 32703

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**ARTICLE V**

**Registered Agent, Registered Office & Registered Agent's Signature**

The name and the Florida street address of the Registered Agent of this Limited Liability Company is:

Bisser Georgiev  
1350 Sheeler Ave., Suite 1  
Apopka, Florida 32703

*Having been named as registered agent to accept service of process for this limited liability company at the place so designated in these Articles of Organization, I hereby accept this appointment and agree to serve this Limited Liability Company in this capacity. I am familiar with and accept the obligations of my position as the registered agent for this Limited Liability Company, as provided for in Chapter 605, Florida Statutes.*



**REGISTERED AGENT'S SIGNATURE**

In accordance with 605.0203(1)(b), *Florida Statutes*, the execution of these Articles of Organization 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 in Section 817.155, *Florida Statutes*.



**MEMBER'S OR AUTHORIZED REPRESENTATIVE'S SIGNATURE**

Bisser Georgiev, Authorized Representative  
Type or printed name of signee

**FILING FEES:**

\$100.00 Filing Fee for Articles of Organization  
\$25.00 Designation of Registered Agent  
\$30.00 Certified Copy (OPTIONAL)  
\$5.00 Certificate of Status (OPTIONAL)