## 460000087711

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
· (Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	/
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

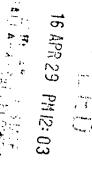
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MAY 2016 S. GILBERT



## **COVER LETTER**

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	istration Section sion of Corporations
SUBJECT:	PEACE LOVE WORLD LIVE UC  Name of Limited Liability Company
	Articles of Organization and fee(s) are submitted for filing.
Please return	all correspondence concerning this matter to the following:
	AUNA VILLASANTE  Name of Person
_	Firm/Company
_	324 W. SAN MARINO DRIVE Address
_	MIAMI BEACH, FL 33/39 City/State and Zip Code
	AUNA · VIUASANTE @ PEACE LOVE WORLD · LOM  E-mail address: (to be used for future annual report notification)
For further info	ormation concerning this matter, please call:
AUTEI	Name of Person Area Code Daytime Telephone Number
Enclosed is a	check for the following amount:
\$125.00 Filii	\$130.00 Filing Fee & S155.00 Filing Fee & Certificate of Status (additional copy is enclosed)  \$160.00 Filing Fee, Certificate of Status & 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

ARTICLE I - Name: The name of the Limited Liability Company is:	
	16 APR 29 PH 12: 03
PEACE UNE WORLD LIVE U.C.	
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")	THE AMERICAN STREET
ARTICLE II - Address:  The mailing address and street address of the principal office of the Limited Liability Company is:	
Principal Office Address: Mailing Addr	ess:
7760 NW 56 STREET 324 W. SAN MARY	NID DE.
POLAT, fi. 33/64 MIAMI BEATH, fi. 3.	
The name and the Florida street address of the registered agent are:  MUNA VILLASANTE  Name  324 W. SAN MARIND PA.  Florida street address (P.O. Box NOT acceptable)	
MIAMI BEACH PL 33/39 City State Zip	
City State Zip'	
Having been named as registered agent and to accept service of process for the above stated limited liability place designated in this certificate, I hereby accept the appointment as registered agent and agree to act to further agree to comply with the provisions of all statutes relating to the proper and complete performance am familiar with and accept the obligations of my position as registered agent as provided for in Chapter Registered Agent's Signature (REQUIRED)	in this capacity. I se of my duties, and I
(CONTINUED)	

Page 1 of 2

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager MbR	ALINA VILLASANTE 324 W. SANI MAKINO DR. MIAMI BEACH, FL 33139
of filing.)	date of filing:  (OPTIONAL)  se specific and cannot be more than five business days prior to or 90  not meet the applicable statutory filing requirements, this date will no
EV: Effective date, if other than the ective date is listed, the date must be of filing.)	not meet the applicable statutory filing requirements, this date will no
EV: Effective date, if other than the ective date is listed, the date must be filing.) The date inserted in this block does ment's effective date on the Departr	not meet the applicable statutory filing requirements, this date will no
EV: Effective date, if other than the ective date is listed, the date must be of filing.)  The date inserted in this block does	not meet the applicable statutory filing requirements, this date will no
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EV: Effective date, if other than the ective date is listed, the date must be of filing.) The date inserted in this block does ment's effective date on the Departre. EVI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of This document is e I am aware that any	not meet the applicable statutory filing requirements, this date will no
EV: Effective date, if other than the ective date is listed, the date must be of filing.) The date inserted in this block does ment's effective date on the Departrum. EVI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of This document is e I am aware that any	a member or an authorized representative of a member.  xecuted in accordance with section 605.0203 (1) (b), Florida Statutes. false information submitted in a document to the Department of State

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