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Division of Corporations

Florida Department of State

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FLORIDA LIMITED LIABILITY CO.

LIVXN, LLC.

Certificate of Status	0
Certified Copy	1
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January 13, 2017

FLORIDA DEPARTMENT OF STATE

Division of Corporations

EXPRESS CORPORATE FILING SERVICES INC

SUBJECT: LIVXN, LLC
REF: W17000003314

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

It appears that part of the document is illegible. In article "IV" the address for one of the individuals listed as a authorized person is illegible. Please correct and refax the document.

If you have any further questions concerning your document, please call (850) 245-6052.

Matthew T Moon
Regulatory Specialist II
New Filing Section

FAX Aud. #: H17000011302
Letter Number: 117A00000834

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

LIVXN, LLC.

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

750 E. SAMPLE RD.
BLDG. # 2, STE. # 101
POMPAN0 BEACH, FL. 33064

Mailing Address:

750 E. SAMPLE RD.
BLDG. # 2, STE. # 101
POMPAN0 BEACH, FL. 33064

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

MARICEL CRUZ

Name

1 SOUTH PINE ISLAND RD., APT. # 101Florida street address (P.O. Box NOT acceptable)PLANTATION FL 33324

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, F.S.


Registered Agent's Signature (REQUIRED)

(CONTINUED)

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~~SECTION 605.0203~~

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MMGR**Name and Address:**PELPE ARISTIZABAL 50%750 E. SAMPLE RD., BLDG # 2, STE # 101
POMPANO BEACH, FL 33064MMGRDAVID OCHOA 50%750 E. SAMPLE RD., BLDG. # 2, STE. # 101
POMPANO BEACH, FL 33064

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: JANUARY 1ST, 2017 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:
Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.817.135, F.S.

DAVID OCHOA

Typed or printed name of signer

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)