orida Department of S

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H18000105497 3)))



H160001054973ABC2

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : CORP USA

Account Number: 072450003255

Phone : (305)634-3694

Fax Number

: (305)633-9696

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

Email Address:

FLORIDA LIMITED LIABILITY CO. LIVE THE EXPERIENCE PRODUCTIONS, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

Electronic Filing Menu

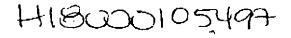
Corporate Filing Menu

Help

APR 0 3 2018

K. Brumbley





ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Date: March 21, 2018

<u>ARTICLE</u> I – NAME:

The name of the Limited Liability Company is:

LIVE THE EXPERIENCE PRODUCTIONS, LLC

ARTICLE II - ADDRESS:

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

> 5201 BLUE LAGOON DR. SUITE 530 A MIAMI, FL 33126

ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE:

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

RICARDO MARCH

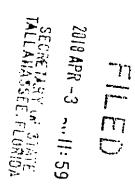
Name

5201 BLUE LAGOON DR. SUITE 530 A

Florida Street Address

MIAMI, FL 33126 City, State, and Zip

-continued-



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 605.0203 (1) (b).

Registered Agent's Signature RICARDO MARCH

ARTICLE IV - MANAGEMENT

The Limited Liability Company is to be considered a multiple member LLC and is therefore a MULTIPLE MEMBER LLC company with multiple manager. The NAME and ADDRESS of initial MANAGERS/MEMBERS are as follows:

Title Name and Address:
Authorized Member RICARDO MARCH

5201 BLUE LAGOON DR. SUITE 530 A

MIAMI, FL 33126

Title
Authorized Member

Name and Address:
NATALIA A SALAZAR

7845 NE BAYSHORE CT. APT 3

MIAMI, FL 33138

Authorized Member Name and Address:

CLAUDIA M SALAZAR 411 PALM CIRCLE E

PEMBROKE PINES, FL 33025

Title Name and Address:

Authorized Member FRANCESCO PORTELLO 10 ARAGON AVE STE 906 CORAL GABLES, FL 33134

-continued-

ARTICLE V BUSINESS DEDUCTIONS

Per IRS regulations the corporation may pay and deduct the health insurance and medical expenses of its directors and employees. Additionally, business auto expenses may be reimbursed to directors and employees and thus deducted from current operations.

ARTICLE VI - EFFECTIVE DATE

The effective date of the Limited Liability Company shall be: APRIL 6, 2018

Signature of member or an authorized representative of a member

In accordance with section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

RICARDO MARCH Member/Manager of LLC

March 21, 2018