

Division of Corporations

Page 1 of 2

**L190000527553**

**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.**

((H19000052755 3))



H190000527553ABC1

**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 : FOWLER WHITE BURNETT P.A.  
 Account Number : 071250001512  
 Phone : (305) 789-9200  
 Fax Number : (786) 437-4609

FILED  
19 FEB 14 AM 8:27  
TALLAHASSEE, FLORIDA

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

Email Address: lross@fowler-white.com

**FLORIDA LIMITED LIABILITY CO.  
LIVBLU, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

CD

FEB 15 2019  
C Kinsey

**Audit No. H19000052755 3**

**ARTICLES OF ORGANIZATION  
OF LIVBLU, LLC**

**ARTICLE I**

The name of the limited liability company formed hereby is LIVBLU, LLC (the "Limited Liability Company").

**ARTICLE II**

The duration of the Limited Liability Company shall be perpetual.

**ARTICLE III**

The principal office and mailing address of the Limited Liability Company shall be as follows:

2911 SW 18th Street  
Miami, Florida 33145

**ARTICLE IV**

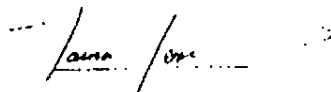
The name and street address of the Registered Agent of the Limited Liability Company in the State of Florida are as follows:

Laura Ross, Esq.  
Fowler White Burnett, P.A.  
1395 Brickell Avenue, 14th Floor  
Miami, Florida 33131

**ARTICLE V**

The Limited Liability Company shall be manager-managed. The name and addresses of the Managers are as follows:

Beatriz Buendia  
2911 SW 18th Street  
Miami, Florida 33145



\_\_\_\_\_  
Laura Ross,  
as Authorized Representative of the Member

FILED  
19 FEB 14 AM 10:27  
CLERK OF DISTRICT COURT  
MIAMI, FLORIDA

**Audit No. H19000052755 3**

**Audit No. H19000052755 3**

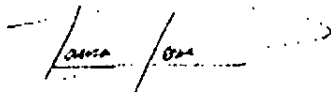
**CERTIFICATE OF DESIGNATION OF REGISTERED AGENT  
AND ACCEPTANCE OF DESIGNATION**

Pursuant to the provisions of Section 605.0113, Florida Statutes, the undersigned limited liability company organized under the laws of the State of Florida, submits the following statement in designating its Registered Office and Registered Agent in the State of Florida:

- 1. The name of the limited liability company is LIVBLU, LLC
- 2. The name and address of the Registered Agent and Office is:

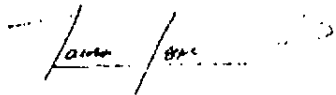
Laura Ross, Esq.  
Fowler White Burnett, P.A.  
1395 Brickell Avenue, 14th Floor  
Miami, Florida 33131

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.



\_\_\_\_\_  
Laura Ross, Registered Agent  
Date: February 14, 2019

LIVBLU, LLC



By: \_\_\_\_\_  
Laura Ross,  
as Authorized Representative of the Member

FILED  
19 FEB 14 AM 10:27  
STATE OF FLORIDA  
DEPARTMENT OF REVENUE

**Audit No. H19000052755 3**