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9/27/2019

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Florida Department of State
Division of Corporations
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FLORIDA LIMITED LIABILITY CO.
LATINO LIVE LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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Corporate Filing Menu

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9/30/2019 10:28:31 AM PAGE 1/001 Fax Server

*Please note that
the correct name
of the entity is
Latino Live LLC*



September 30, 2019

FLORIDA DEPARTMENT OF STATE
Division of Corporations

EXPRESS

SUBJECT: LATINO LOVE LLC
REF: W19000087570

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.

Article IV. correct spelling of the registered agents name.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Neysa Culligan
Regulatory Specialist II

FAX Aud. #: E19000289515
Letter Number: 119A00020077

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

ARTICLE I- Name

The name of the Limited Liability Company is:

LATINO LIVE LLC

ARTICLE II- Address:

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

Principal Office Address

8125 NW 33 STREET
DORAL FLORIDA 33122

Mailing Address

8125 NW 33 STREET
DORAL FLORIDA 33122

ARTICLES III-

Other provisions if any

ANY PURPOSE

ARTICLES IV- Register Agent, Register Office & Register Agent's Signature:)

(The Liability Company cannot serve as its own Register 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:

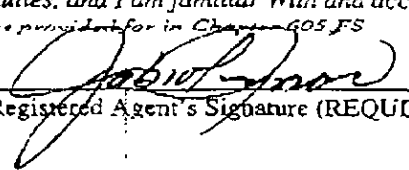
ARIAS & DE LA CRUZ ACCOUNTING SERVICES, INC.

7105 SW 8TH STREET

SUITE 306

MIAMI FLORIDA 33144

Having been named as register 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 register 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 register agent as provided for in Chapter 605, FS


Registered Agent's Signature (REQUIRED)

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ARTICLES V- Manager {s} or Managing Member [s] of each Manager or Managing Member is as follows:

Title:

HECTOR W NUNEZ
8125 NW 33 STREET
DORAL FLORIDA 33122

AMGR

ANSELMO C PENA
8125 NW 33 STREET
DORAL FLORIDA 33122

AMGR

ROCIO BOTERO
8125 NW 33 STREET
DORAL FLORIDA 33122

AMGR

ARTICLE VI effective date, if other than the date filing 09/26/19 (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 filing)

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 third degree felony as provide for in s. 817.155, F.S.

HECTOR W NUNEZ

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