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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : FL PATEL LAW PLLC
Account Number : I20170000097
Phone : (727)279-5037
Fax Number : (727)888-1294

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

Email Address: Aaron@livelifemoving.com

FLORIDA LIMITED LIABILITY CO.

Live Life Moving, LLC

| | |
|-----------------------|----------|
| Certificate of Status | 1 |
| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | \$130.00 |

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COVER LETTER

Monday, June 29, 2020

To: New Filing Section
Division of Corporation

Subject:
Live Life Moving, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and Fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:

FL Patel Law PLLC
360 Central Avenue
8th Floor
St. Petersburg, Florida 33701
Fax: 727-888-1294

For further information concerning this matter, please call or e-mail:

Kalpesh Patel at 727-279-5037 or e-mail at Contact@flpatellaw.com

Enclosed is our fax filing coversheet for \$130.00 for Filing Fee & Certificate of Status

FL Patel Law PLLC

FILED
2020 JUN 30 PM 4:52
ALL INFORMATION
CONTAINED
HEREIN IS
UNCLASSIFIED
DATE 06/30/2020 BY 60322

ARTICLES OF ORGANIZATION

FOR

Live Life Moving, LLC

A

Florida Limited Liability Company

FILED
2020 JUN 30 PM 4:52
CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF
HILLSBORO, FLORIDA

ARTICLE I.

Name

The name of the Limited Liability Company is: Live Life Moving, LLC (the Company).

ARTICLE II.

Address

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

4605 49th Street North
Suite 1204
Saint Petersburg, Florida 33709


ARTICLE III.

Registered Agent, Registered office, & Registered Agent's Signature

The name and the Florida Street Address of the Registered Agent are:

Aaron Ellis
4605 49th Street North
Suite 1204
Saint Petersburg, Florida 33709

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.



(sign)

Aaron Ellis


ARTICLE IV.
Authorized Members and Managers

The Name and Address of each person authorized to manage and control the Limited Liability Company:

| <u>Title</u> | <u>Name and Address</u> |
|---|--|
| AMBR = Authorized Member MGR = Manager | |
| <u>MGR</u> | Aaron Ellis 4605 49 th Street North Suite 1204 Saint Petersburg, Florida 33709 |

ARTICLE V.

The Effective date shall be the date of filing.

 (sign)

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.817.155, F.S.

Aaron Ellis
Authorized Representative/Member