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FLORIDA LIMITED LIABILITY CO. LIVEFRUITION, LLC.

Certificate of Status	0
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Estimated Charge	\$155.00

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ARTICLE I - Name:

ARTICLES OF ORGANIZATION FOR FLORIDA HAMITED LIABILITY COMPANY

The name of the Limited Liabil	lity Company is:		
	LiveFruition, LLC.		
(Must one	I with the words "Limited	Liability Compa	ny, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street	address of the principal of	fice of the Limit	ed Liability Company is:
<u>Princi</u> 3510 SW 36ti	pal Office Address:		Mailing Address:
3310 344 3011	i Sueet		3510 SW 36th Street
-West Park, FL	-33023		West Park, Ft 33023
The Limited Liability Compar	ny cannot serve as its own l	Registered Agen	gent's Signature: t. You must designate an individual or
The Limited Liability Compar nother business entity with ar	ny cannot serve as its own in active Florida registration in address of the registered	Registered Agen n.)	gent's Signature: t. You must designate an individual or
The Limited Liability Compar mother business entity with ar	ny cannot serve as its own in active Florida registration in address of the registered	Registered Agen agent are: rick Green Name	gent's Signature: t. You must designate an individual or
The Limited Liability Compar mother business entity with ar	ny cannot serve as its own in active Florida registration address of the registered Rode	Registered Agen agent are: rick Green Name Couri	t. You must designate an individual or
ARTICLE III - Registered A The Limited Liability Comparanother business entity with an The name and the Florida stree	ny cannot serve as its own in active Florida registration address of the registered Rode	Registered Agen agent are: rick Green Name Couri	t. You must designate an individual or

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 (REOURED)

(CONTINUED)

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10 SEP 18 PH 4: 3:

Title: "AMBR" = Ai "MGR" = Mai	uthorized Member nager	Name and Address:
<u> </u>	.	Roderick Green
AMBR		—3510 SW 38th Court —West Park, FL 33023
		
LEV: Effective	ent if necessary)	"āling:(OPTIONAL)
TLE V: Effective effective date is less of filing.) If the date insen	date, if other than the date of isted, the date must be speci	filing:
T.E. V: Effective ffective date is I e of filing.) If the date insen- tument's effective	e date, if other than the date of isted, the date must be speciated in this block does not mere date on the Department of rovisions, if any.	et the applicable statutory filing requirements, this date will not be State's records.
T.E.V: Effective ffective date is I e of filing.) If the date insen- tument's effective T.E.VI: Other pr	e date, if other than the date of isted, the date must be speciated in this block does not mere date on the Department of rovisions, if any.	the applicable statutory filing requirements, this date will not be State's records.
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T.E.V: Effective ffective date is I e of filing.) If the date insen- tument's effective T.E.VI: Other pr	side, if other than the date of isted, the date must be specified in this block does not medicate on the Department of rovisions, if any. SIGNATURE: Signature of a mem This document is executed I am aware that any false in	the applicable statutory filing requirements, this date will not be State's records.
T.E.V: Effective ffective date is I e of filing.) If the date insen- tument's effective T.E.VI: Other pr	sides, if other than the date of isted, the date must be specified in this block does not medicate on the Department of rovisions, if any. SIGNATURE: Signature of a mem This document is executed I am aware that any false is constitutes a third degree for issued in the state of the second in th	the applicable statutory filing requirements, this date will not be State's records. ber or an authorized representative of a member. In accordance with section 605.0203 (1) (b), Florida Statutes, aformation submitted in a document to the Department of State elony as provided for in s.817.155, F.S.

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