Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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From:

Account Name : BUSINESS FILINGS Account Number : 105256001620 Phone : (608)827-5300 Fax Number : (608)827-5501

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

Email Address: victoria@pecusa.com

FLORIDA LIMITED LIABILITY CO.

Live Lucky 902 LLC

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

Help

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ARTICLES OF ORGANIZATION OF Live Lucky 902 LLC

ARTICLE I

NAME

The name of the limited liability company is: Live Lucky 902 LLC

ARTICLE II

ADDRESS

The principal place of business and mailing address of this Limited Liability Company shall be: 1609 Cherrywood Lane, Longwood, Florida 32750.

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the registered agent are: Business Filings Incorporated, 1200 South Pine Island Road, Plantation, Florida 33324. Located in the County of Broward.

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.

Signature: Date: April 30, 2021

Mark Williams, A.V.P. Business Filings Incorporated

ARTICLE IV MANAGERS/MEMBERS

The management of the limited liability company is reserved for the members and the names and addresses of the members of the Limited Liability Company are:
Victoria Percopo, 1609 Cherrywood Lane, Longwood, Florida 32750
Michael Percopo, 1609 Cherrywood Lane, Longwood, Florida 32750

FAX AUDIT # 1121000176969 3

FAX AUDIT # H21000176969 3

ARTICLE V

DURATION

The duration for the limited liability company shall be: Perpetual.

Victoria Percopo, Organizer

Date: 0.5 /2 /202/

Authorized Representative

(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. 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.)