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(Requestor's Name)	
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(Document Number)	<u>-</u>
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ALLAHASSEE, FLORIDA

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COVER LETTER

	iew Filing Section of Cor					
SUBJECT	LiveOutsider.	e, LLC				
300300	·	Nan	e of Lim	ited Liabil	ty Company	
The enclos	sed Articles of	Organization and	fee(s) arc	submitted	for filing.	
Piease retu	ırn all correspo	ndence concerning	g this ma	tter to the f	ollowing:	
	Christopher J	. Otero				
				Name of	Person	
				Firm/Co	mpany	
	1808 Sea Pin	es Lane			_	
		· -		Addr	ess	
	Fleming Islan	nd. FL 32003				
	iennifer otero(@androsysinc.com		ity/State an	d Zip Code	
		-		for future a	nnual report notificati	on)
For further i	information cor	ncerning this matte	r, please	call:		
	Christopher J.	. Otero	90 at (874-7083	
	Name	e of Person	_ `_		Daytime Telephon	e Number
Enclosed i	s a check for th	ne following amou	nt:			
≡ \$125.00) Filing Fee	□S130.00 Filing Certificate of St		Certifi	5.00 Filing Fee & ed Copy al copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	New Fi Divisio	g Address ling Section on of Corporations ox 6327			Street Address New Filing Section Di The Centre of Tallaha 2415 N. Monroe Stree	assee

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:			
LiveOutside, LLC			
(Must contain the words "Lir	nited Liability Compan	y, "L.L.C.," or "LL.C.")	
ARTICLE II - Address: The mailing address and street address of the princ	ipal office of the Limit	ed Liability Company is:	
Principal Office Address	<u>:</u> :	Mailing Address:	
LiveOutside, LLC	Li	veOutside, LLC	
1808 Sea Pines Lane	18	08 Sea Pines Lane	
Fleming Island, FL 32003	Fl	eming Island, FL 32003	
ARTICLE III - Registered Agent, Registered O (The Limited Liability Company cannot serve as it another business entity with an active Florida regis The name and the Florida street address of the regis	s own Registered Agen stration.)	t. You must designate an individua	ALLAMA STORES
Christopher J. (Otero		SS (S)
<u></u>	Name		[*]- '
1808 Sea Pines	Lane		AH IO: 20
Florida street a	iddress (P.O. Box <u>NO 1</u>	acceptable)	: 20 RID
Fleming Island	FL	32003	P. C.
City	State	Zip	

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 (REQUIRED)

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

	Name and Address:	
"AMBR" = Authorized Membe "MGR" = Manager		
AMBR	Christopher J. Otero 1808 Sea Pines Lane Fleming Island, FL 32003	
	Fighting Island, FL 52005	TAL
		22 22
		AN In: 2
		26 20 Z
(Use attachment if necessary)		
LE V: Effective date, if other that fective date is listed, the date me of filing.)	n the date of filing: 09/15/2021 . (ust be specific and cannot be more than five business of the specific and cannot be statutory filing requirement	days prior to or 90 day
LE V: Effective date, if other that fective date is listed, the date me of filing.) If the date inserted in this block d	ust be specific and cannot be more than five business of loes not meet the applicable statutory filing requirement	days prior to or 90 day
LE V: Effective date, if other than frective date is listed, the date must of filing.) If the date inserted in this block dument's effective date on the Deput LE VI: Other provisions, if any.	ust be specific and cannot be more than five business of loes not meet the applicable statutory filing requirement	days prior to or 90 day
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LE V: Effective date, if other that fective date is listed, the date me of filing.) If the date inserted in this block dument's effective date on the Deputer VI: Other provisions, if any. REQUIRED SIGNATURE: Signatur This document I am aware that constitutes a this	toes not meet the applicable statutory filing requirement partment of State's records. NONE The of a member or an authorized representative of a many false information submitted in a document to the Distance of the partment of the partment of the partment of State's records.	nember.

Filing Fees:
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)