L22000379111

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000296206 3)))

H22000296206 3ABC$

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : LEGALINC CORPORATE SERVICES INC.
Account Number : I20180000011
Phone : (844)386-0178
Fax Number : (214)317-4754

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

Email Address: _____

---

22 AUG 31 PM 12:35

FILED

2022 AUG 31 AM 8:06

FLORIDA LIMITED LIABILITY CO.

LIVO ENTERTAINMENT, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$125.00

Electronic Filing Menu Corporate Filing Menu Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Date: August 25, 2022

ARTICLE I NAME:

The name of the Limited Liability Company is:

LIVO ENTERTAINMENT, LLC

ARTICLE II ADDRESS:

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

14750 SW 26TH STREET SUITE 206
MIAMI, FL 33185

ARTICLE III REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT S SIGNATURE:

The name and the Florida street address of the registered agent are:

LIVYS CERNA
Name

14750 SW 26TH STREET SUITE 206
Florida Street Address

MIAMI, FL 33185
City, State, and Zip

FILED
22 AUG 31 PM 12:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

-continued-

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 605.0203 (1) (b).

x
Registered Agent s Signature
LIVYS CERNA

ARTICLE IV MANAGEMENT

The Limited Liability Company is to be considered a multiple members LLC and is therefore a MULTIPLE MEMBER LLC company with multiple managers. The NAME and ADDRESS of initial MANAGERS/ AUTHORIZED MEMBERS are as follows:

Title	Name and Address:
Authorized Member	JESUS E OROZCO 14750 SW 26TH STREET SUITE 206 MIAMI, FL 33185
Title	Name and Address:
Authorized Member	LIVYS CERNA 14750 SW 26TH STREET SUITE 206 MIAMI, FL 33185

FILED
22 AUG 31 PM 12: 35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

-continued-

ARTICLE V BUSINESS DEDUCTIONS

Per IRS regulations the corporation may pay and deduct the health insurance and medical expenses of its directors and employees. Additionally, business auto expenses may be reimbursed to directors and employees and thus deducted from current operations.

ARTICLE VI EFFECTIVE DATE

The effective date of the Limited Liability Company shall be: SEPTEMBER 1ST., 2022.

X
Signature of member or an authorized representative of a member

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.

X
LIVYS CERNA
Member/Manager of LLC

FILED
22 AUG 31 PM 12:35
TALLAHASSEE, FLORIDA

August 25, 2022