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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nam	е)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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RECRETARY OF STATE LAHASSEE, FLORIDA

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COVER LETTER

TO:	Registration Section Division of Corporatio	ns	i			
SUBJE	CCT:	LIVE WIRE MAR	KETING L	LC Company		
					ansact Business in Florida," Certifica y company to transact business in Flo	
Please i	return all correspondence	concerning this matter to the	following:			
		STEVEN	M. KATZ		1. ₍₁	
		N	ame of Person			
		LIVE WIRE	MARKETIA rm/Company	K LLC		
		Fi	rm/Company			
		7343 W SA	ND LAKE RO	an Un	_{NT} #438	
		-	Address			
		ORLANDO, FL	32 <u>8</u> 01			
		City/Si	tate and Zip Code			
		RICK @ E-mail address: (to be used	for future annual	report not	ification)	
For furt	her information concernin	g this matter, please call:		300	. 0208	
		of Contact Person	at (140) Area Code		time Telephone Number	
				-	•	
	MAILING ADDRESS: Division of Corporations			STREET Division	<u>ADDRESS:</u> of Corporations	
	Registration Section				ion Section	
	P.O. Box 6327			Clifton B		
	Tallahassee. FL 32314				ecutive Center Circle ec, FL 32301	
Enclose	d is a check for the follow					
	S \$125.00 Filing Fee	☐ \$130,00 Filing Fee & Certificate of Status	Certified Copy	ıg Fee &	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy	

1317

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 603,0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. LIVE WI	RE MARKETING LCC ign Limited Liability Company; must include "Limited Liability Company." "L.L.C.," or "L.L.C.,"	
(Name of Fore	ign Limited Liability Company; must include "Limited Liability Company, "L.L.C.," or "L.C.,"	
(If name unavailable, enter alt Liability Company," "L.L.C."	ternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited" or "LLC.")	
2. DELAWARE	3. 47 - 1089098 of which foreign limited liability (FEI number, if applicable)	
company is organized)	11/2/2015	
4	(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	
5	7343 W SAND LAKE ROAD UNIT 438	
	ORLANDO, FL 32801 (Street Address of Principal Office)	
6	7343 W SAND LAKE ROAD UNIT 438	
	ORLANDO, FL 32801 77 77 78 78 78 78 78 78 78 78 78 78 78	
	(Mailing Address)	
7. Name and street address	s of Florida registered agent: (P.O. Box NOT acceptable)	
Name:	STEVEN M. KATZ	
Office Address:	7343 W SAND LAKE 12 AD UNIT # 438 8 5 5	
	ORLANDO Florida 32801 (City) (Zip code)	
designated in this applicati to complywith the provision		rd
•	(Registered agent's signature)	
8. The name, title or capac	city and address of the person(s) who has/have authority to manage is/are:	
STEVEN M. K.	ATZ MBRM 7343 W SAND LAKE ROAD UNIT 438.	
	ORLANDO, FL 32801	
	<u> </u>	
	of existence, no more than 90 days old, duly authenticated by the official having custody of records in the f which it is organized. (If the certificate is, in a foreign language, a translation of the certificate under onth bmitted) Signature of an authorized person	
This document is executed in a document to the second of t	in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.	
-	Typed or printed name of signee	

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "LIVE WIRE MARKETING, LLC" IS DULY

FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN

OFFICE SHOW, AS OF THE FIFTH DAY OF DECEMBER, A.D. 2015.

PAID TO DATE.

Authentication: 10554295

Date: 12-05-15

5548167 8300

SR# 20151086079