

M24000010177

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

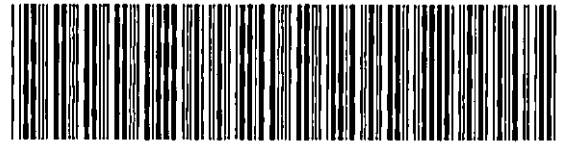
(Document Number)

Certified Copies _____ Certificates of Status _____

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2024 AUG -6 PM 4:32



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 26, 2024

KRISTINE DENNIS
75 GERBER ROAD EAST
SOUTH WINDSOR, CT 06074 US

SUBJECT: P1 LIVE, LLC
Ref. Number: W24000096258

We have received your document for P1 LIVE, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Andrea Andrews
Regulatory Specialist II

RECEIVED

Letter Number: 024A00014009

AUG 06 2024

Florida Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Ref. Number W24000096258

August 5, 2024

I received a notice concerning a foreign filing for P1 Live, LLC which indicated a deficient signature from the registered agent services. Unfortunately, we were unable to obtain an appropriate signature from that service provider, and therefore hired a different registered agent service for our entity. Please accept this filing as the corrected registered agent filing for P1 Live, LLC. Therefore, Registered Agents, Inc., shall serve as the registered agent for P1 Live, LLC in the state of Florida as of the date P1 Live, LLC is accepted as a foreign entity in Florida, and not HQ Corp Services, Inc., as was originally stated on the initial application filed by P1 Live, LLC.

Enclosed, please find a copy of the notice received indicating the deficient signature, an additional \$25.00 filing fee to change the registered agent, and a Statement of Change of Registered Agent.

If there are any questions about this filing, please contact me at Legal@Prolific1.com.

Regards,

A handwritten signature in black ink, appearing to read 'Kristine Dennis', is written over the printed name.

Kristine Dennis, Esq.
Counsel
P1 Live, LLC

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: P1 Live, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Kristine Dennis

Name of Person

P1 Live, LLC

Firm/Company

75 Gerber Road East

Address

South Windsor, CT 06074

City/State and Zip Code

Legal@Prolific1.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kristine Dennis

860

533-4077

at ()

Name of Contact Person

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

 \$125.00 Filing Fee

☐ \$130.00 Filing Fee & ☐
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☐ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. PI Live, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Connecticut 3. 92-3589043
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. June 1, 2024
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 75 Gerber Road East 6. 75 Gerber Road East
(Street Address of Principal Office) (Mailing Address)

South Windsor, CT 06074

South Windsor, CT 06074

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: REGISTERED AGENT INC.

Office Address: 7901 4th ST N STE 300

ST. PETERSBURG, Florida 33702
(City) (Zip code)

Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

David Jones

(Registered agent's signature)

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8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>		<u>Name and Address:</u>		<u>Title or Capacity:</u>		<u>Name and Address:</u>	
<input type="checkbox"/> Manager	Name:	Eventvest, Inc.		<input type="checkbox"/> Manager	Name:	Kristine Dennis	
<input checked="" type="checkbox"/> Member	Address:	75 Gerber Road East		<input type="checkbox"/> Member	Address:	75 Gerber Road East	
<input type="checkbox"/> Authorized		South Windsor, CT 06074		<input checked="" type="checkbox"/> Authorized		South Windsor, CT 06074	
Person				Person			
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Manager	Name:			<input type="checkbox"/> Manager	Name:		
<input type="checkbox"/> Member	Address:			<input type="checkbox"/> Member	Address:		
<input type="checkbox"/> Authorized				<input type="checkbox"/> Authorized			
Person				Person			
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Manager	Name:			<input type="checkbox"/> Manager	Name:		
<input type="checkbox"/> Member	Address:			<input type="checkbox"/> Member	Address:		
<input type="checkbox"/> Authorized				<input type="checkbox"/> Authorized			
Person				Person			
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Kristine Dennis

Signature of an authorized person

Kristine Dennis, Counsel and Corporate Secretary to Sole Member

Typed or printed name of signee

Secretary of the State of Connecticut

Certificate of Legal Existence

Certificate of Legal Existence Certificate

Date Issued: Monday, June 17, 2024 10:31 AM

I, the Connecticut Secretary of the State, and keeper of the seal thereof, do hereby certify, that the certificate of organization for the below domestic limited liability company was filed in this office.

A certificate of dissolution has not been filed, and so far, as indicated by the records of this office, such limited liability company is in existence.

Business Details

Business Name	P1 Live, LLC
Business ALEI	US-CT.BER:2652497
Formation Date	10/27/2022



Secretary of the State