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Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850)617-6381

From: Account Name : LEGALINC CORPORATE SERVICES INC.  
Account Number : 120180000011  
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: \_\_\_\_\_

FLORIDA LIMITED LIABILITY CO.  
LIVO ENTERTAINMENT, LLC

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

2022 AUG 31 AM 8:06

STATE OF FLORIDA  
DIVISION OF CORPORATIONS

22 AUG 31 PM 12:35

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**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


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TALLAHASSEE, FLORIDA

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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).

  
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  
Authorized Member

Name and Address:  
JESUS E OROZCO  
14750 SW 26TH STREET SUITE 206  
MIAMI, FL 33185

Title  
Authorized Member

Name and Address:  
LIVYS CERNA  
14750 SW 26TH STREET SUITE 206  
MIAMI, FL 33185

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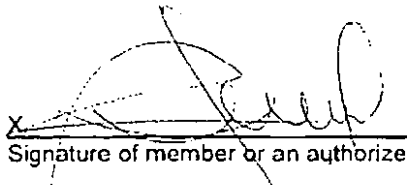
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**ARTICLE V BUSINESS DEDUCTIONS**

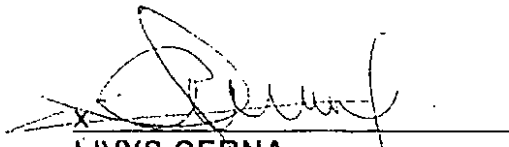
Per IRS regulations the corporation may pay and deduct the health insurance and medical expenses of its directors and employees. Additionally, business auto expenses may be reimbursed to directors and employees and thus deducted from current operations.

**ARTICLE VI EFFECTIVE DATE**

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

  
\_\_\_\_\_  
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.

  
\_\_\_\_\_  
**LIVYS CERNA**  
Member/Manager of LLC

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August 25, 2022

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