

L25000069545

**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.

(((H25000061731 3)))



H250000617313ABCZ

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 : GEOFFREY M. WAYNE, P.A.
Account Number : 076770003401
Phone : (305)381-8108
Fax Number : (305)381-8109

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

Email Address: CC@ABOGADOMIAMI.COM

**FLORIDA LIMITED LIABILITY CO.
LIVINJOY LLC**

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

RECEIVED

2025 FEB 18 PM 2:54

SECRETARY OF STATE
THASSEE, FLORIDA

2025 FEB 18 PM 2:58

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

MS

DocuSign Envelope ID: 37F11BF7-A7D8-498F-B923-871F28651051

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I – Name:

The name of the Limited Liability Company is: **LIVINJOY LLC**

ARTICLE II – Address:

The mailing address of the Limited Liability Company is: 16599 SW 54th Ct., Miramar, FL 33027.

The street address of the principal office of the Limited Liability Company is: 16599 SW 54th Ct., Miramar, FL 33027.

ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:

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

EXCELSIOR CORPORATE SERVICES LLC
135 San Lorenzo Ave., PH 840
Coral Gables, FL 33146

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.

DocuSigned by:

Geoffrey M Wayne

Registered Agent's Signature

ARTICLE IV – Management:

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

Authorized Member

Camila Lee
16599 SW 54th Ct.
Miramar, FL 33027

ARTICLE V – Effective date, if other than the date of filing: _____

ARTICLE VI – Other Provisions, if any.

DocuSigned by:

Geoffrey M Wayne

Signature of a 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. 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.)

Geoffrey M. Wayne

Typed or printed name of signee

FILING FEES:

- \$ 100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (OPTIONAL)
- \$ 5.00 Certificate of Status (OPTIONAL)

FILED
2025 FEB 18 PM 2:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA