

Estado de Florida
División de Corporaciones
L2100098038

Nota: imprima esta página y utilícela como portada. Escriba el número de auditoría de fax (que se muestra a continuación) en la parte superior e inferior de todas las páginas del documento.

((H21000905713))



H21000905713ABCZ

Nota: NO presione el botón ACTUALIZAR / RECARGAR en su navegador desde esta página. Hacerlo generará otra portada.

A: División de Corporaciones
Número de fax: (850)617-6381

Desde: Nombre de cuenta: LUPA ENTERPRISES INC
Número de cuenta: 120200000050
Teléfono: (727)560-0307
Número de fax: (727)914-5090

** Ingrese la dirección de correo electrónico de esta entidad comercial que se utilizará en el futuro envíos de informes anuales. Ingrese solo una dirección de correo electrónico, por favor.

Dirección de correo electrónico: INFO@USACORPORATIONSERVICES.COM

FLORIDA LIMITED LIABILITY CO.
LA PROVEDURIA LLC

Certificado de estado	0
Copia certificada	0
Recuento de páginas	04
Cargo estimado	125.00 \$

2021 MAR -8 11:57

USACORPORATIONSERVICES.COM

2021 MAR -8 PM 1:08

RECEIVED

Menú de archivo electrónico

Menú de archivo corporativo

Ayuda

**Articles Of Organization For
Florida Limited Liability Company**

Article I

The name of the Limited Liability Company is:

LA PROVEDURIA LLC

Article II

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

**7945 NW 173RD STREET.
HIALEAH, FL 33015
United State of America**

The mailing address of the Limited Liability Company is:

**7945 NW 173RD STREET.
HIALEAH, FL 33015
United State of America**

Article III

Other provisions, if any:

Any and all lawful business

Article IV

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

2021 Nov - 9 11: 06: 57

Lupa Enterprises INC

**600 Cleveland Street Suite 393
Clearwater, Florida 33755
United State of America**



Registered Agent's Signature

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..

Article V

The name and address of each person(s) authorized to manage and control the Limited Liability Company:

Title: MGR

Sandra Noemi Fernandez.

Address:

**7945 NW 173RD STREET.
HIALEAH, FL 33015**

AMBR:

FT-NET. SRL

Address:

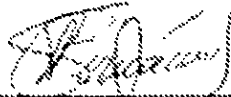
**Cabo Contreras 705 B, Gral Bustos.
Córdoba, Córdoba. Argentina. CP: 5001**

20/11/11 10:06:57

Article VI

The effective date for this Limited Liability Company shall be:

03/03/2021



Signature of a member
or an authorized representative of a member.

Sandra Noemi Fernandez.

Name of signer

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.

2021 March - 9 PM 6:57