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FLORIDA LIMITED LIABILITY CO.
SELECTTO FARM FOOD LLC

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

Articles Of Organization For Florida Limited Liability Company

Article I

The name of the Limited Liability Company is:

SELECTTO FARM FOOD LLC

Article II

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

**600 Cleveland Street
Suite 393, Office 405
Clearwater, Florida 33755
United State of America**

The mailing address of the Limited Liability Company is:

**600 Cleveland Street
Suite 393, Office 405
Clearwater, Florida 33755
United State of America**

Article III

Other provisions, if any:

Any and all lawful business

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Article IV

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

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

A handwritten signature in black ink, consisting of a vertical line with several horizontal strokes crossing it, positioned above a horizontal line.

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

CAROL LORENA CONTRERAS GONZALEZ

Address

CALLE 3A N 73C 49
BOGOTA
BOGOTA
COLOMBIA
110821

Title: MGR

DIEGO ARMANDO ARIAS SOLER

Address

CALLE 3A N 73C 49
BOGOTA
BOGOTA
COLOMBIA
110821

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CLERK OF DISTRICT COURT
PALM BEACH COUNTY, FLORIDA

Article VI

The effective date for this Limited Liability Company shall be:

07/22/2021

Carol Lorena Contreras Gonzalez

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

CAROL LORENA CONTRERAS GONZALEZ

Name of signee

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Department of State
TALLAHASSEE, FLORIDA

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.