

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet
L22000184770

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.

(((H22000161795 3)))



H220001617953ABCO

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 : LUPA ENTERPRISES INC
Account Number : I20200000050
Phone : (727)298-8007
Fax Number : (727)914-5090

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2021 MAY -4 PM 5:03

FILED

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

Email Address: info@usacorporationservices.com

FLORIDA LIMITED LIABILITY CO.
Transporte Multimodal LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$125.00

RECEIVED
2022 MAY -4 PM 3:12
CORPORATIONS
COMMERCIAL
SERVICES

Articles Of Organization For Florida Limited Liability Company

Article I

The name of the Limited Liability Company is:

Transporte Multimodal LLC

Article II

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

**114 NW 25th Street
Suite 33, Office 906
Miami, Florida 33127
United State of America**

The mailing address of the Limited Liability Company is:

**114 NW 25th Street
Suite 33, Office 906
Miami, Florida 33127
United State of America**

Article III

Other provisions, if any:

Any and all lawful business

FILED
2021 MAY -4 PM 5:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Article IV

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

**Lupa Enterprises INC
100 SE 2nd Street Suite 2000
Miami, Florida 33131
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..

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2021 MAY -4 PM 5:03

FILED

Article V

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

Title: MGR

Javier Germán Soza Bustos

Address

Principe de Gales 5921 of 408

La Reina

Metropolitana

Chile

7850298

Title: MGR

Georgina Oriana

Address

Velásquez Ojeda

La Reina

Metropolitana

Chile

7850298

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

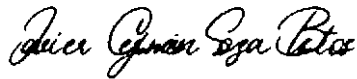
2021 MAY -4 PM 5:03

FILED

Article VI

The effective date for this Limited Liability Company shall be:

05-04-2022



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

Javier Germán Soza Bustos

Name of signee

2021 MAY -4 PM 5:03
DEPARTMENT OF STATE
DIVISION OF CORPORATION
TALLAHASSEE, FLORIDA
FILED

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.