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.

(((H22000280527 3)))



H220002805273ABC

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)298-8<del>00</del>7 Fax Number : (727)914-5090

\*\*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. **Northwest Groupe LLC**

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

Electronic Filing Menu

Corporate Filing Menu

Help

# Articles Of Organization For Florida Limited Liability Company

#### Article I

The name of the Limited Liability Company is:

Northwest Groupe LLC

#### Article II

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

1900 N Bayshore Dr., Suite 1A #136-1235 Miami, Florida, 33132 United State of America

The mailing address of the Limited Liability Company is:

1900 N Bayshore Dr., Suite 1A #136-1235 Miami, Florida, 33132 United State of America

#### Article III

Other provisions, if any:

Any and all lawful business

22 AUG 19 AM ID: 36
SECRETARY OF JIME
FALL AHASSEE, FROMPTY

FILED

#### **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



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..

22 AUG 19 AMID: 36

#### **Article V**

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

Title: MGR

Hernan Andres Nuñez Retamal

Address

Via Aurora 9470, A Vitacura Santiago Region Metropolitana Chile 8320000

Title: MGR

Eduardo Ruben Porro

**Address** 

Biritos 360, Godoy Cruz Mendoza Mendoza Argentina 5501

Title: MGR

Carlos Christian Guerrero Rojas

**Address** 

Natalia Larrain Vial 4298, casa 4, Peñalolèn Santiago Regiòn Metropolitana Chile 7930770 22 AUG 19 AH IU: 36 SECRETARY OF STATE

FILED

## **Article VI**

The effective date for this Limited Liability Company shall be:

08-19-2022

Tokon The Volz Einel

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

#### Hernan Andres Nuñez Retamal

Name of signee

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.

FILED
22 AUG 19 AHIU: 3
SECRETARY OF STAT