

Florida Department of State  
Division of Corporations  
Public Access System

## 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.**

((H05000134111 3)))

**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) 205-0383

Account Name : EXPRESS CORPORATE FILING SERVICE INC.  
Account Number : I20000000146  
Phone : (305) 444-4994  
Fax Number : (305) 444-4977

RECEIVED

05 MAY 27 PM 12:15

DIVISION OF CORPORATIONS

L05000134111 3

## LIMITED LIABILITY COMPANY

## LUPA INTERNATIONAL SALES LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

05 MAY 27 PM 12:15  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing

Public Access Help

(((H05000134111)))

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

LUPA INTERNATIONAL SALES LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

8351 NW 64TH STREET  
MIAMI, FL 33166

**Mailing Address:**

8351 NW 64TH STREET  
MIAMI, FL 33166

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

MARISOL ROJAS

Name

8351 NW 64TH STREET

Florida street address (P.O. Box **NOT** acceptable)

MIAMI

FL

33166

City, State, and Zip

*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 608, F.S.*



Registered Agent's Signature

(CONTINUED)

Page 1 of 2

FILED  
05 MAY 27 PM 12:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(((H05000134111)))

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

CARLA VIANA DE OLIVEIRA

8351 NW 64TH STREET

MIAMI, FL 33166

MGRM

MARISOL ROJAS

8351 NW 64TH STREET

MIAMI, FL 33166

(Use attachment if necessary)

**NOTE:** An additional article must be added if an effective date is requested.

**REQUIRED SIGNATURE:**

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

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

MARISOL ROJAS

Typed or printed name of signee

**Filing Fees:**

**\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent**

**\$ 30.00 Certified Copy (Optional)**

**\$ 5.00 Certificate of Status (Optional)**

**FILED**  
05 MAY 27 PM 12:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA