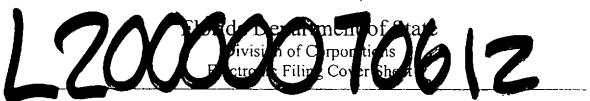
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5/3/2020

Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LUPA ENTERPRISES INC

Account Number : I20200000050 Phone : (727)560-0307 Fax Number : (727)298-8007

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

Email Address: TACOO USACCORPORATION SERVICES COM

FLORIDA LIMITED LIABILITY CO. BONKAREA GROUP LLC

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Help

Lupa Enterprises INC

ì	ARTICLES OF ORGANIZATION FOR FLORIDA LIMIT	TED BABILITY COMPANY	
ARTICLE I	I - Name: If the Limited Liability Company is:		
<u>*</u> -	Must conatin the words "Limited Liability Compa	EA GROUP	LLC
	II - Address:	•	
The mailing	g address and street address of the principal office of the Limi	ited Liability Company is:	
	Principal Office Address:	Mailing Add	ress:
<u> </u>	9594 NW 41 ST, SWIE (0)3 DXG(, FC, 33179	ZDHE OF	<u>Princips</u>
(The Limited	III - Registered Agent, Registered Office, & Registered Asd Liability Company cannot serve as its own Registered Age siness entity with an active Florida registration.)		dividual or
The name ar	nd the Florida street address of the registered agent are:		
	LUPA ENTERPR	IJES INC	
	Y NOUT は さいのこうE Florida street address (P.O. Box NO	R DUC (1857) Tacceptable)	wolf FL
	Clare mules Cl	ブンソケケ	

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.,

State

Zip

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

Mar 05 20, 07:06p

The name and address of each person au	thorized to manage and control the Limited Liability Company:
Tille: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
Mer	CUBNICE TO AND LESSE
DUBE	Alexis Demian Schwartzman 45 94 PW 47 57 June 103 Doral FL 33138
-	
(Use attachment if necessary)	
the date of filing.)	filling: (OPTIONAL) If the and cannot be more than five business days prior to or 90 days after tet the applicable statutory filling requirements, this date will not be listed as State's records.
REQUIRED SIGNATURE:	
l am aware that any false in	ber or an authorized representative of a member. in accordance with section 605.0203 (1) (b), Florida Statutes, sformation submitted in a document to the Department of State clony as provided for in s.817,155, F.S.

Filing Fees:

CARCOS HUBSCA TIMENO
Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)