

21/7/2020

L20000209871
 Florida Department of State
 Division of Corporations
 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.

((H20000236402 3)))



H200002364023A5CT

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)560-8307
 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: INFO@USACORPORATIONSERVICES.COM

**FLORIDA LIMITED LIABILITY CO.
 SINAPTICA LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

RECEIVED
 2020 JUL 23 PM 1:10
 DIVISION OF CORPORATIONS
 COMMERCIAL
 SERVICES

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Sinaptica LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:600 CLEVELAND ST. STE 393
CLEARWATER, FL, 33755**Mailing Address:**SAME OF PRINCIPAL**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

LUPA ENTERPRISES INC - LUCIANA MORDINI

Name

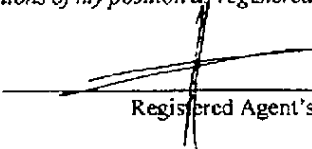
4 NORTH JUPITER AVEFlorida street address (P.O. Box **NOT** acceptable)CLEARWATER FLORIDA 33755

City

State

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 605, F.S.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
2020 JUL 23 10:47

ARTICLE IV-

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

Title:

AMBR = Authorized Member

MGR = Manager

Name and Address:

MGR

SANTIBANEZ SANTANDER LUIS MIGUEL
General Amengual 0145 depto 807, Estacion Central
SANTIAGO DE CHILE - CHILE - ZIP CODE 9170344

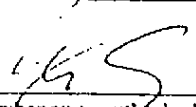
(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)
 (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



 Signature of a member or an authorized representative of a member.
 This document is executed in accordance with section 605.020(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.

SANTIBANEZ SANTANDER LUIS MIGUEL

 Typed or printed name of signer

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
 20 JUL 23 2010 6:47