

3/8/2020

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Florida Department of State  
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)560-8307  
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.\*\***

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FLORIDA LIMITED LIABILITY CO.  
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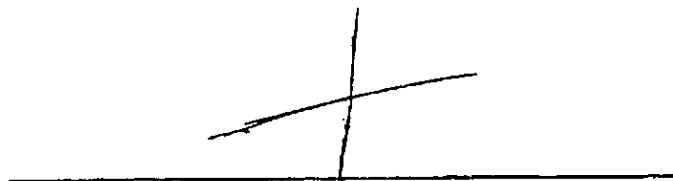
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### Article IV

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

**Lupa Enterprises INC**  
**600 Cleveland Street Suite 393**  
**Clearwater, Florida 33755**  
**United State of Amercia**



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..

### Article V

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

**Title: MGR**  
**Luis Andrés Ritter Zamora**  
**Avenida Busch Calle Fortín Corrales N 152**  
**Santa Cruz, Bolivia**

**Article VI**

The effective date for this Limited Liability Company shall be:

**08/03/2020**



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

**Luis Andrés Ritter Zamora**

\_\_\_\_\_  
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.

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