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Account Name : LUPA ENTERPRISES INC

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

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# FLORIDA LIMITED LIABILITY CO.

# FAMED LLC

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# Articles Of Organization For Florida Limited Liability Company

## <u>Article I</u>

The name of the Limited Liability Company is:

### FAMIED LLC

#### Article II

The street address of principal office of the Limited Liability

Company is:

19 Vineyard St, Lehigh Acres, FL 33936 United State of Amercia

The mailing address of the Limited Liability Company is:

19 vineyard St, Lehigh Acres, FL 33936 United State of Amercia

#### Article III

Other provisions, if any:

Any and all lawful business

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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..

7272988007

## Article V

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

Title: MGR Escobar Chaves Pacifico calle 79B 111A 71 Int 12 Apto 402 Bogotá Colombia 111031

Title: MGR Diab Quimbayo Nayibe calle 79B 111A 71 Int 12 Apto 402 Bogotá Colombia 111031

title: MGR Escobar Diab Francisco Javier Carrera 88 # 6A-90 torre 15 apto 403 Portal de Castilla 3 Bogotá-Colombia 111031

Title: MGR
Escobar Diab Liliana Andrea
Calle 34 # 100A 135 unidad St. Trope apto
303 bloque 4 barrio Valle del lili.
CALI Colombia

# <u>Article VI</u>

The effective date for this Limited Liability Company shall be:

08/11/2020

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

**Escobar Chaves Pacifico** 

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.