

21/12/2020

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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)560-0307  
Fax Number : (727)914-5090

**\*\*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.  
HPC BUSINESS ENTERPRISES LLC**

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# **Articles Of Organization For Florida Limited Liability Company**

## **Article I**

The name of the Limited Liability Company is:

**HPC BUSINESS ENTERPRISES  
LLC**

## **Article II**

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

**600 Cleveland Street  
Suite 393, Office 198  
Clearwater, Florida 33755  
United State of America**

The mailing address of the Limited Liability Company is:

**600 Cleveland Street  
Suite 393, Office 198  
Clearwater, Florida 33755  
United State of America**

## **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 America**



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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:

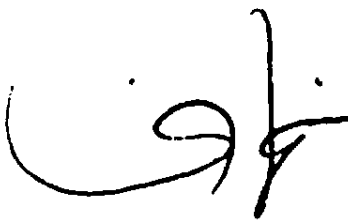
**Title: MGR**  
**CARLOS ESCOBAR**  
**Address:**  
**470 Piaget Ave apt D11**  
**Clifton, NJ 07011**

**Article VI**

The effective date for this Limited Liability Company shall be:

**01/01/2021**

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

**CARLOS ESCOBAR.**

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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.