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To:  
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Account Name : LUPA ENTERPRISES INC  
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Phone : (727)298-8007  
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Email Address: [info@usacorporationservices.com](mailto:info@usacorporationservices.com)

**FLORIDA LIMITED LIABILITY CO.  
ASA HANDLE & AIR CONDITIONING LLC**

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# Articles Of Organization For Florida Limited Liability Company

## Article I

The name of the Limited Liability Company is:

***ASA HANDLE AND AIR CONDITIONING LLC***

## Article II

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

210 N 67 AV. Hollywood  
FLORIDA, 33024

The mailing address of the Limited Liability Company is:

210 N 67 AV. Hollywood  
FLORIDA, 33024

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## Article III

Other provisions, if any:

**Any and all lawful business**

## **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**

ASA ACERO & CLIMATIZACIÓN SAC

**Address**

CALLE LOS CANELOS 567 SMP

LIMA

LIMA

Perú

15112

**Title: MGR**

LISSET ANDRADE

**Address**

Punta Arenas 347 casa 2 La Molina

LIMA

LIMA

Perú

15026

**Title: MGR**

JOHNNY GOÑI

**Address**

210 N 67TH AVE

Holliwood

FLORIDA

US

33024

**Article VI**

The effective date for this Limited Liability Company shall be:

**04-27-2021**

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JOHNNY GOÑI

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

JOHNNY GOÑI

\_\_\_\_\_  
Name of signee

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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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.