

L21 000186766

Nota: imprima esta página y utilicela como portada. Escriba el número de auditoría de fax (que se muestra a continuación) en la parte superior e inferior de todas las páginas del documento.

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Nota: NO presione el botón ACTUALIZAR / RECARGAR en su navegador desde esta página. Hacerlo generará otra portada.

A:
División de Corporaciones
Número de fax: (850)617-6381

De:
Nombre de cuenta: LUPA ENTERPRISES INC
Número de cuenta: 120200000050
Teléfono: (727)298-8007
Número de fax: (727)914-5090

** Ingrese la dirección de correo electrónico de esta entidad comercial que se utilizará en el futuro envíos de informes anuales. Ingrese solo una dirección de correo electrónico, por favor. **

Dirección de correo electrónico: info@usacorporationservices.com

FLORIDA LIMITED LIABILITY CO.

Non Verba LLC

Certificado de estado	0
Copia certificada	0
Recuento de páginas	04
Cargo estimado	125.00 \$

Menú de archivo electrónico

Menú de archivo corporativo

Ayudar

2021 APR 29 PM 11:23

2021 APR 29 PM 2:27

Articles Of Organization For Florida Limited Liability Company

Article I

The name of the Limited Liability Company is:

Non Verba LLC

Article II

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

**600 Cleveland Street
Suite 393, Office 315
Clearwater, Florida 33755
United State of America**

The mailing address of the Limited Liability Company is:

**600 Cleveland Street
Suite 393, Office 315
Clearwater, Florida 33755
United State of America**

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**



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..

2011-07-12 12:00

Article V

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

Title: MGR

Hugo Eduardo Lescano

Address

Pichincha 1375

San Miguel

Buenos Aires

Argentina

1663

2021-06-23 09:11:23

Article VI

The effective date for this Limited Liability Company shall be:

04-29-2021

Hugo Eduardo Lescano

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

Hugo Eduardo Lescano

Name of signee

2021 APR 29 AM 11:23

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.