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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LUPA ENTERPRISES INC

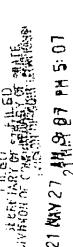
Account Number : 120200000050 : (727)298-8007 Рһоле Fax Number : (727)914-5090

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FLORIDA LIMITED LIABILITY CO. QUANTOS LA LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00



Articles Of Organization For Florida Limited Liability Company

Article I

The name of the Limited Liability Company is:

QUANTOS LA LLC

Article II

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

600 Cleveland Street Suite 393, Office 341 Clearwater, Florida 33755 United State of America

The mailing address of the Limited Liability Company is:

600 Cleveland Street Suite 393, Office 341 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



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

FELIPE ESTEBAN SILVA ROJAS

Address

CALLE LAS DALIAS 407 DEP 101

LIMA LIMA

PERU

15023

Title: MGR

CRISTIAN ALEXIS DIAZ ARAYA

Address

JR. ALLAMANDA 141 DEP 403

LIMA

LIMA

Perú 15023

Article VI

The effective date for this Limited Liability Company shall be:

05-27-2021

FELIPE ESTEBAN SILVA ROJAS

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

FELIPE ESTEBAN SILVA ROJAS

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.