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Florida Department of State
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Fax Number : (850)617-6381

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Account Name : LUPA ENTERPRISES INC
Account Number : I20200000050
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**FLORIDA LIMITED LIABILITY CO.
OCCUPATIONAL HEALTH LLC**

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Articles Of Organization For Florida Limited Liability Company

Article I

The name of the Limited Liability Company is:

OCCUPATIONAL HEALTH LLC

Article II

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

**600 Cleveland Street
Suite 393, Office 351
Clearwater, Florida 33755
United State of America**

The mailing address of the Limited Liability Company is:

**600 Cleveland Street
Suite 393, Office 351
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**



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..

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Article V

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

Title: MGR

JOHANNA MILENA CARRILLO ORTIZ

Address

Calle 100 # 42 f 100 apto 1103 torre 10
Barranquilla
Atlántico
Colombia
080001

Title: MGR

JORGE AQUILEO CARREÑO DIAZ

Address

Calle 100 # 42 f 100 apto 1103 torre 10
Barranquilla
Atlántico
Colombia
080001

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CLERK OF COURT
TALLAHASSEE, FLORIDA

Article VI

The effective date for this Limited Liability Company shall be:

06-01-2021

JOHANNA MILENA CARRILLO ORTIZ

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

JOHANNA MILENA CARRILLO ORTIZ

Name of signee

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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.