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

From:
Account Name : LUPA ENTERPRISES INC
Account Number : I20200000050
Phone : (727)298-8007
Fax Number : (727)914-5090

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Email Address: info@usacorporationservices.com

FLORIDA LIMITED LIABILITY CO.
NIBRIDA LLC

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REC JUN-4 PM 4:25

REC JUN-4 PM 2:27

Articles Of Organization For Florida Limited Liability Company

Article I

The name of the Limited Liability Company is:

NIBRIDA LLC

Article II

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

**600 Cleveland Street
Suite 393, Office 350
Clearwater, Florida 33755
United State of America**

The mailing address of the Limited Liability Company is:

**600 Cleveland Street
Suite 393, Office 350
Clearwater, Florida 33755
United State of America**

Article III

Other provisions, if any:

Any and all lawful business

FILED
JUL 15 2014
CLERK OF CIRCUIT COURT
FLORIDA
CLERK OF CIRCUIT COURT
JUL 15 2014

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..

2016-11-25 PM 6:25

Article V

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

Title: MGR

NICOLAS ANTONIO GONZALEZ BILKOWSKIJ

Address

AV. JOSE OLAYA 674 URB. LOS LAURELES, CHORRILLOS

LIMA

LIMA

PERU

LIMA 09

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Article VI

The effective date for this Limited Liability Company shall be:

06-01-2021

NICOLAS ANTONIO GONZALEZ BILKOWSKIJ

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

**NICOLAS ANTONIO GONZALEZ
BILKOWSKIJ**

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.

605.0203 (1) (b)