

# L21000295546

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H21000248567 3)))



H210002485673ABC2

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.**  
Doing so will generate another cover sheet.

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

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: info@usacorporationservices.com

**FLORIDA LIMITED LIABILITY CO.  
EDUCEN LLC**

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

Electronic Filing Menu

Corporate Filing Menu

Help

FILED  
2021 JUN 24 PM 4:18  
SECRETARY OF STATE  
TALLAHASSEE, FL  
2021 JUN 24 PM 4:03

# Articles Of Organization For Florida Limited Liability Company

## Article I

The name of the Limited Liability Company is:

EDUCEN LLC

## Article II

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

**600 Cleveland Street  
Suite 393, Office 381  
Clearwater, Florida 33755  
United State of America**

The mailing address of the Limited Liability Company is:

**600 Cleveland Street  
Suite 393, Office 381  
Clearwater, Florida 33755  
United State of America**

## Article III

Other provisions, if any:

SECRETARY OF STATE  
TALLAHASSEE, FL

2021 JUN 24 PM 4: 18

FILED

## **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..

## **Article V**

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

**Title: MGR**

Felipe Carlos Espinosa García

**Address**

Paseo Huérfanos 1117 oficina 602

Santiago

Metropolitana

Chile

8320000

## **Article VI**

The effective date for this Limited Liability Company shall be:

**06-21-2021**

---

*Felipe Carlos Espinosa García*

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

**Felipe Carlos Espinosa García**

\_\_\_\_\_  
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