

# L21000316236

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

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

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FLORIDA LIMITED LIABILITY CO.

Attsons LLC

Certificate of Status	0
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*[Handwritten signature]*  
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Help

# Articles Of Organization For Florida Limited Liability Company

## Article I

The name of the Limited Liability Company is:

Attsons LLC

## Article II

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

**600 Cleveland Street  
Suite 393, Office 414  
Clearwater, Florida 33755  
United State of America**

The mailing address of the Limited Liability Company is:

**600 Cleveland Street  
Suite 393, Office 414  
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**



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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**

Jorge Atton Palma

**Address**

Presidente Riesco 3845 of 1101

Santiago

Santiago

Chile

7550030

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## **Article VI**

The effective date for this Limited Liability Company shall be:

**07-21-0007**

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*Jorge Atton Palma*

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

**Jorge Atton Palma**

\_\_\_\_\_  
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.

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