L210 morida bepartment of

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Division of Corporations

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From:

Account Name : LUPA ENTERPRISES INC

Account Number : 120200000050 : (727)298-8007 Phone 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.

Attsons LLC

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Electronic Filing Menu

Corporate Filing Menu

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

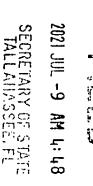
The mailing address of the Limited Liability Company is:

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



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..

2021 JUL -9 AM 4:47 SECRETARY OF STATE

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

2021 JUL -9 AM 4:47 SECRETARY DE STATI

Article VI

The effective date for this Limited Liability Company shall be:

07-21-0007

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.

2021 JUL -9 AM 4: 4: SECRETARY DE STATE