

1/9/2021

L21000327167390700

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.

((H210003271673)))



H210003271673ABC\$

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 : 120200000050
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

2021 SEP -1 AM 10:21
FILED
SECRETARY OF STATE
TALLAHASSEE, FL

FLORIDA LIMITED LIABILITY CO.
Moving Prosthetics Orthosis and Wheelchairs LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$125.00

2021 SEP -1 PM 3:01

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:

Moving Prosthetics Orthosis and Wheelchairs LLC

Article II

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

**600 Cleveland Street
Suite 393, Office 477
Clearwater, Florida 33755
United State of America**

The mailing address of the Limited Liability Company is:

**600 Cleveland Street
Suite 393, Office 477
Clearwater, Florida 33755
United State of America**

Article III

Other provisions, if any:

2021 SEP - 1 AM 10: 21
SECRETARY OF STATE
TALLAHASSEE, FL

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..

FILED
2021 SEP - 1 AM 10:21
SECRETARY OF STATE
TALLAHASSEE, FL

Article V

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

Title: MGR

Mario Francisco Granados Masis

Address

Frente al CENARE, La Uruca
La Uruca
San Jose
Costa Rica
50506

Title: MGR

Karla Marcela Medaglia Chaverri

Address

Frente al CENARE, La Uruca
La Uruca
San Jose
Costa Rica
50506

Title: MGR

Adolfo Jose Granados Medaglia

Address

Frente al CENARE, La Uruca
La Uruca
San Jose
Costa Rica
50506

Title: MGR

Mariana Granados Medaglia

Address

Frente al CENARE, La Uruca
La Uruca
San Jose
Costa Rica
50506

Article VI

The effective date for this Limited Liability Company shall be:

09-01-2021

Mario Francisco Granados Masis

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

Mario Francisco Granados Masis

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 SEP - 1 AM 10: 21
SECRETARY OF STATE
TALLAHASSEE, FL

FILED