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Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LUPA ENTERPRISES INC

Account Number : 120200000050 Phone : (727)298-8007 : (727)914-5090 Fax Number

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

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FLORIDA LIMITED LIABILITY CO. REVOFOOD USA LLC

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Articles Of Organization For Florida Limited Liability Company

Article I

The name of the Limited Liability Company is:

REVOFOOD USA LLC

Article II

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

600 Cleveland Street Suite 393, Office 495 Clearwater, Florida 33755 United State of America

The mailing address of the Limited Liability Company is:

600 Cleveland Street Suite 393, Office 495 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



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 SEP -9 FH 2: 05

Article V

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

Title: MGR

LEONARDO COELLAR

Address

MANUEL ZAMBRANO URBANIZACION PRADERA CASA 26

QUITO PICHINCHA ECUADOR 170179

Title: MGR

SERGIO ANDRES COELLAR UGALDE

Address

PANAMERICANA NORTE KM 14 URB COLINAS DE CHULLABAMBA

CUENCA AZUAY ECUADOR 010109

Article VI

The effective date for this Limited Liability Company shall be:

09-09-2021

Lomb Cella

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

LEONARDO COELLAR

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.