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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

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#### FLORIDA LIMITED LIABILITY CO.

#### Gonzalez Torres Investments LLC

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Help

# Articles Of Organization For Florida Limited Liability Company

#### Article I

The name of the Limited Liability Company is:

Gonzalez Torres Investments LLC

# Article II

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

600 Cleveland Street Suite 393, Office 540 Clearwater, Florida 33755 United State of America

The mailing address of the Limited Liability Company is:

600 Cleveland Street
Suite 393, Office 540
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..

## **Article V**

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

Title: MGR

Antonio David González Torres

Address

Av. Don Julio Centeno C.R. Monte Mayor Torre 1 Apt 01-042

San Diego Carabobo Venezuela 2006

Title: MGR

María Cristina González Torres

**Address** 

Av. Don Julio Centeno C.R. Poblado de San Diego Torre 25 Apt 25

San Diego Carabobo

Venezuela

2006

## **Article VI**

The effective date for this Limited Liability Company shall be:

10-14-2021

Alorio Cond Cypilez Torrer

Signature of a member or an authorized representative of

Antonio David González Torres

a member.

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.