

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.

(((H21000443668 3)))



H210004436683ABC1

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 : I20200000050
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

FILED
2021 DEC -6 PM 12:09

SECRETARY OF STATE
TALLAHASSEE FLORIDA

2021 DEC -6 AM 3:04

FILED

FLORIDA LIMITED LIABILITY CO.
Brokers latam group LLC

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

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:

Brokers latam group LLC

Article II

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

**600 Cleveland Street
Suite 393, Office 617
Clearwater, Florida 33755
United State of America**

The mailing address of the Limited Liability Company is:

**600 Cleveland Street
Suite 393, Office 617
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**

A handwritten signature in black ink, consisting of a vertical line with several horizontal strokes crossing it, positioned above a horizontal line.

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

Walter Guillermo rodriguez muñoz

Address

Los piñones 100 DP 705 providencia

Santiago

Santiago

Chile

7500000

Article VI

The effective date for this Limited Liability Company shall be:

01-01-2022

Walter Guillermo Rodriguez Muñoz

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

Walter Guillermo rodriguez muñoz

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.