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Florida Department of State
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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

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TALLAHASSEE, FLORIDA

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****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.
Multiservice Orion LLC

Certificate of Status	0
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Corporate Filing Menu

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Articles Of Organization For Florida Limited Liability Company

Article I

The name of the Limited Liability Company is:

Multiservice Orion LLC

Article II

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

**1280 LAKEVIEW RD #212
CLEARWATER, FL
US, 33755**

The mailing address of the Limited Liability Company is:

**1280 LAKEVIEW RD #212
CLEARWATER, FL
US, 33755**

Article III

Other provisions, if any:

Any and all lawful business

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Article IV

The name and Florida street address of the registered agent is:

**MARIA DEL VALLE BARRIOS
1280 LAKEVIEW RD #212
CLEARWATER, FL
US, 33755**

Maria Del Valle Barrios

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

MARIA DEL VALLE BARRIOS

Address

1280 LAKEVIEW RD #212

CLEARWATER

FL

US

33755

Article VI

The effective date for this Limited Liability Company shall be:

12-16-2021

Maria Del Valle Barrios

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

MARIA DEL VALLE BARRIOS

Name of signee

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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.