

18/3/22, 10:33

From Lupa Enterprises Inc 1.727.914.5090 Fri Mar 18 10:35:51 2022 UTC Page 1 of 5

Division of Corporations

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Florida Department of State

Division of Corporations

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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

**\*\*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.  
EVERS IMMERSIVE EXPERIENCES LLC**

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TALLAHASSEE, FLORIDA

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# Articles Of Organization For Florida Limited Liability Company

## Article I

The name of the Limited Liability Company is:

**EVERS IMMERSIVE EXPERIENCES LLC**

## Article II

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

**600 Cleveland Street  
Suite 393, Office 825  
Clearwater, Florida 33755  
United State of America**

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The mailing address of the Limited Liability Company is:

**600 Cleveland Street  
Suite 393, Office 825  
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 Enterprices INC  
600 Cleveland Street Suite 393  
Clearwater, Florida 33755  
United State of America**



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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..

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## **Article V**

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

**Title: MGR**

Ruan Rodrigues Gonçaves

**Address**

Avenida maestro rodrigo 107

valencia

valencia

españa

46015

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## **Article VI**

The effective date for this Limited Liability Company shall be:

**03-18-2022**

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

**Ruan Rodrigues Gonçalves**

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.

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