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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 futu annual report mailings. Enter only one email address please.\*\*

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#### FLORIDA LIMITED LIABILITY CO. **EVERS INMERSIVE EXPERIENCES LLC**

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# **Articles Of Organization For** Florida Limited Liability Company

#### Article I

The name of the Limited Liability Company is:

EVERS INMERSIVE 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** 

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

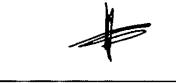
Other provisions, if any:

Any and all lawful business

#### **Article IV**

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

Lupa 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.

## **Article V**

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

Title: MGR

Ruan Rodrigues Gonçalves

**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

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

Dan Digues Gadres

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.

22 MAR 18 AM 9:36 ECRETARY OF STATE

M