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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : LUPA ENTERPRISES INC

Account Number : I202000000050 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

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FLORIDA LIMITED LIABILITY CO.

SummerGlass USA LLC

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2 APR 14 PM 3: 4

4.3

HL

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:

SummerGlass USA LLC

Article II

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

114 NW 25th Street Suite 33, Office 865 Miami, Florida 33127 United State of America 2022 APR 14 AM 9: 51

SECUNDIFFICATION

TALL AHASSEE, FLORIDA

The mailing address of the Limited Liability Company is:

114 NW 25th Street Suite 33, Office 865 Miami, Florida 33127 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 100 SE 2nd Street Suite 2000 Miami, Florida 33131 United State of America



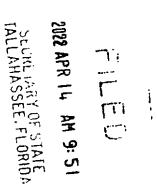
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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..

2022 APR IL AM 9:51

Article V

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

Title: MGR
Robert Orlando Chuy Silva
Address
calle 80 ph sky level apto 5b
Panama
Panama
Panama
00507



Article VI

The effective date for this Limited Liability Company shall be:

04-13-2022

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

But Cardo Chy Slva

Robert Orlando Chuy Silva

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.

2022 APR IL AM 9: 51