From Lupa Enterprices Inc 1.727.914.5090 Mon Apr 18 17:50:36 2022 UTC Page 1 of 5 18/4/22, 14:15

Division of Corporations

Election Department of State Nivisial of Corporations Election Filing & er Shed

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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.

American University of Professionals in Therapies and Alternative Medicine LLC

| Certificate of Status | 0 |
|-----------------------|----------|
| Certified Copy | 0 |
| Page Count | 05 |
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Electronic Filing Menu

Corporate Filing Menu

Help

Articles Of Organization For Florida Limited Liability Company

Article |

The name of the Limited Liability Company is:

American University of Professionals in Therapies and Alternative Medicine LLC

Article II

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

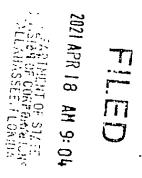
114 NW 25th Street Suite 33, Office 871 Miami, Florida 33127 United State of America

The mailing address of the Limited Liability Company is:

114 NW 25th Street Suite 33, Office 871 Miami, Florida 33127 United State of America

Article III

Other provisions, if any:



Any and all lawful business

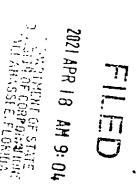
Article IV

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..



Article V

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

Title: MGR

Jairo Alexander Castillo Lamy

Address

Calle 19 No 24-12 Conjunto Terrazas de Guadalquivir Manzana 5 Casa 1

Girardot Cundinamarca Colombia 252432

2021 APR 18 AM 9: 04
31. Side of coapposition

Article VI

The effective date for this Limited Liability Company shall be:

04-18-2022

Aro Abrander Catillo Log

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

Jairo Alexander Castillo Lamy

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.

