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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.  
Quamig LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
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FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
COMMERCIAL  
AND REGULATORY SERVICES

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

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Help

# Articles Of Organization For Florida Limited Liability Company

## Article I

The name of the Limited Liability Company is:

Quamig LLC

## Article II

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

**114 NW 25th Street  
Suite 33, Office 897  
Miami, Florida 33127  
United State of America**

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The mailing address of the Limited Liability Company is:

**114 NW 25th Street  
Suite 33, Office 897  
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**



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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, 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**

Ricardo Segovia

**Address**

Avenida El Parque 5339 oficina 105

Huechuraba

Metropolitana

Chile

8580000

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TALLAHASSEE, FLORIDA

## **Article VI**

The effective date for this Limited Liability Company shall be:

**04-29-2022**

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

**Ricardo Segovia**

\_\_\_\_\_  
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.