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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 : (727)914-5090 Fax Number

\*\*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.

Frozen Pulp Fruit JORDI trader and importer LLC

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# Articles Of Organization For Florida Limited Liability Company

#### Article I

The name of the Limited Liability Company is:

Frozen Pulp Fruit JORDI trader and importer LLC

#### **Article II**

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

114 NW 25th Street Suite 33, Office 910 Miami, Florida 33127 United State of America

The mailing address of the Limited Liability Company is:

114 NW 25th Street Suite 33, Office 910 Miami, Florida 33127 United State of America

#### Article III

Other provisions, if any:

Any and all lawful business

#### **Article IV**

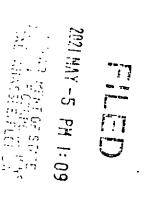
The name and Florida street address of the registered agent is:

Lupa Enterprises INC 100 SE 2nd Street Suite 2000 Miami, Florida 33131 United State of America



Registered Agent's Signature

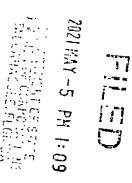
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all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



## Article V

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

Title: MGR
Jeison Rojas Villalba
Address
Transversal 23b bis No. 27-50
Fusagasuga
Cundinamarca
Colombia
252211



### **Article VI**

The effective date for this Limited Liability Company shall be:

05-05-2022

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

Ason Ja Walba

Jeison Rojas Villalba

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.

