

L22000194470

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

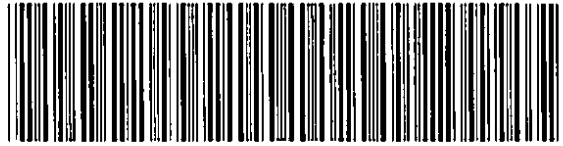
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900387656259

RECEIVED
2022 MAY 11 PM 1:58
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
2022 MAY 11 PM 4:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302

155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 05/11/22

NAME: CUP USA, LLC

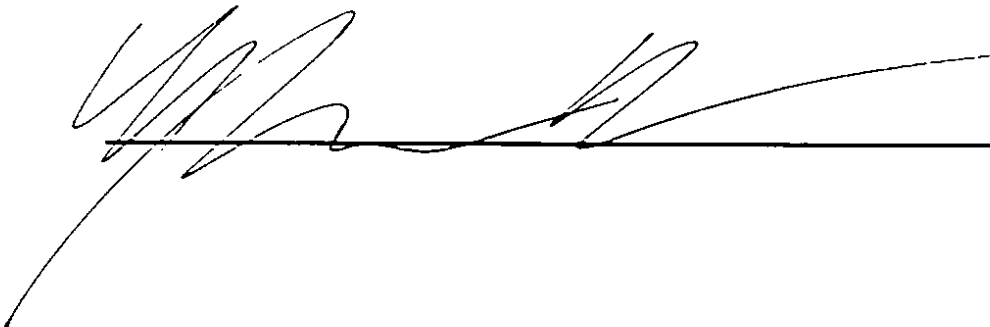
TYPE OF FILING: *Articles*

COST: 125.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE



**ARTICLES OF ORGANIZATION
FLORIDA LIMITED LIABILITY COMPANY**

CUP USA, LLC

ARTICLE I—Name

The name of the Limited Liability Company is: **CUP USA, LLC**

ARTICLE II—Address

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

**1428 Brickell Ave. Unit 202
MIAMI, FL 33131**

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Paracorp Incorporated
155 Office Plaza Drive, 1st Floor
Tallahassee, FL 32301
Leon County

Please see the attached

Registered Agent's Signature

FILED
2022 MAY 11 PM 4:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV- Managers

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

Title:

Name and Address:

Manager

Cristian Udurraga
1428 Brickell Ave. Unit 202
MIAMI, FL 33131

ARTICLE V—Effective Date

Upon Filing

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.

DocuSigned by:

Cristian Uduurraga

FAR7012EC6A3411

Cristian Uduurraga
Manager

FILED
2022 MAY 11 PM 4:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF FLORIDA

REGISTERED AGENT CONSENT FORM

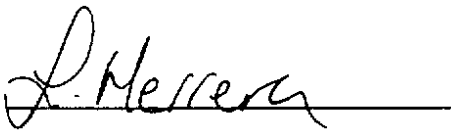
DATE: 5/10/2022

ENTITY NAME: CUP USA, LLC

REGISTERED AGENT NAME AND ADDRESS:

Paracorp Incorporated
155 Office Plaza Drive, 1st Floor
Tallahassee, FL 32301

Paracorp Incorporated, having been designated to act as Statutory Agent, hereby consents to act in the capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statutes.

A handwritten signature in black ink, appearing to read "L. Herrera", is written over a horizontal line.

Leticia Herrera, Assistant Secretary
Paracorp Incorporated