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Florida Department of State
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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.
NEUROLEX LLC**

Certificate of Status	0
Certified Copy	0
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Electronic Filing Menu

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Help

Articles Of Organization For Florida Limited Liability Company

Article I

The name of the Limited Liability Company is:

NEUROLEX LLC

Article II

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

**1900 N Bayshore Dr
Suite 1A #136-924
Miami, Florida 33132
United States of America**

The mailing address of the Limited Liability Company is:

**1900 N Bayshore Dr
Suite 1A #136-924
Miami, Florida 33132
United States of America**

Article III

Other provisions, if any:

Any and all lawful business

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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..

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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

Cristobal Diaz

Address

Pedro de Valdivia 0380

Temuco

Araucanía

Chile

4780000

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Article VI

The effective date for this Limited Liability Company shall be:

05-12-2022



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

Cristobal Diaz

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.

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