

Florida Department of State  
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.  
HAZE LAB EQUIPMENT USA LLC**

Certificate of Status	0
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Page Count	05
Estimated Charge	\$125.00

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# Articles Of Organization For Florida Limited Liability Company

## Article I

The name of the Limited Liability Company is:

**HAZE LAB EQUIPMENT USA LLC**

## Article II

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

**1900 N Bayshore Dr, Suite 1A #136-952  
Miami, Florida 33132  
United State of America**

The mailing address of the Limited Liability Company is:

**1900 N Bayshore Dr, Suite 1A #136-952  
Miami, Florida 33132  
United State of America**

## Article III

Other provisions, if any:

**Any and all lawful business**

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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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**



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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, 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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THE NINTH JUDICIAL CIRCUIT  
TALLAHASSEE, FLORIDA

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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**

ALEX HERRERA ORDUÑA

**Address**

JR LEONCIO PRADO 860 DPTO 404

MAGDALENA

LIMA

PERU

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CLERK OF SUPERIOR COURT  
COUNTY OF LOS ANGELES  
JULIA S. FLORES

## **Article VI**

The effective date for this Limited Liability Company shall be:

**05-23-2022**

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

**ALEX HERRERA ORDUÑA**

\_\_\_\_\_  
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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