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To:

Division of Corporations

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Account Name : LUPA ENTERPRISES INC

Account Number : 120200000050 Phone

: (727)298-8007

Fax Number

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FLORIDA LIMITED LIABILITY CO.

Geomonitoring Company LLC

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Electronic Filing Menu

Corporate Filing Menu

Help has 27 2022

Articles Of Organization For Florida Limited Liability Company

Article I

The name of the Limited Liability Company is:

Geomonitoring Company LLC

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Article II

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

1900 N Bayshore Dr, Suite 1A #136-964
Miami, Florida 33132
United State of America

The mailing address of the Limited Liability Company is:

1900 N Bayshore Dr, Suite 1A #136-964
Miami, Florida 33132
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



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

Maria Angela Aguilar Moreno

Address

Miguel de Cervantes 1190 Los Andes Valparaiso Chile 2100000

Title: MGR

Carlos Francisco Prado Cortez

Address

Miguel de Cervantes 1190 Los Andes Valparaiso Chile 2100000

Title: MGR

Cristian Eduardo Claverías Caceres

Address

Calle Nueva 710, Rinconada Los Andes Valparaiso Chile 2100000

Article VI

The effective date for this Limited Liability Company shall be:

05-26-2022

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

Wia Agela Sila Wilro

ZUZZ HAY 26 AM 9: 10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Maria Angela Aguilar Moreno

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.