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To:  
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Fax Number : (850)617-6381

From:  
Account Name : LUPA ENTERPRISES INC  
Account Number : I20200000050  
Phone : (727)298-8007  
Fax Number : (727)914-5090

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**FLORIDA LIMITED LIABILITY CO.  
ENERGIZE SOLUTIONS LLC**

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
| Certified Copy        | 0        |
| Page Count            | 05       |
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# Articles Of Organization For Florida Limited Liability Company

## Article I

The name of the Limited Liability Company is:

ENERGIZE SOLUTIONS LLC

## Article II

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

**1900 N Bayshore Dr., Suite 1A #136-981  
Miami, Florida 33132  
United State of America**

The mailing address of the Limited Liability Company is:

**1900 N Bayshore Dr., Suite 1A #136-981  
Miami, Florida 33132  
United State 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, 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**

Eleázar Samuel Cifuentes Rodas

**Address**

8a calle 05-40 zona 7 Colonia Landívar Ciudad de Guatemala, Guatemala  
Guatemala  
Guatemala  
Guatemala  
01007

**Title: MGR**

Marta Eugenia Rosales Ovalle de Cifuentes

**Address**

6a Avenida 0-60 Oficina 608 zona 4 Ciudad de Guatemala  
Guatemala  
Guatemala  
Guatemala  
01004

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## **Article VI**

The effective date for this Limited Liability Company shall be:

**06-06-2022**

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

**Eleázar Samuel Cifuentes Rodas**

\_\_\_\_\_  
Name of signee

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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.