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Division of Corporations

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From:

Account Name : LUPA ENTERPRISES INC

Account Number : 120200000050 Phone : (727)298-8007 Fax Number : (727)914-5090

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#### FLORIDA LIMITED LIABILITY CO. TEN BROKING LATAM LLC

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# Articles Of Organization For Florida Limited Liability Company

# **Article I**

The name of the Limited Liability Company is:

TEN BROKING LATAM LLC

#### Article II

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

1900 N Bayshore Dr., Suite 1A #136-1019
Miami, Florida, 33132
United State of America

The mailing address of the Limited Liability Company is:

1900 N Bayshore Dr., Suite 1A #136-1019
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



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..

#### **Article V**

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

Title: MGR
MAXIMO MEDINA
Address
MARTA LYNCH 451 PISO 5 SOL
CIUDAD AUTONOMA DE BUENOS AIRES
CIUDAD AUTONOMA DE BUENOS AIRES
ARGENTINA
1107

Title: MGR
LUCIANO DE OLIVEIRA
Address
CAPITAN BERMUDEZ 560
LA LUCILA
PROVINCIA DE BUENOS AIRES
ARGENTINA
2154

Title: MGR
GUIDO PATERNO
Address
Colón 14
Temperley
PROVINCIA DE BUENOS AIRES
ARGENTINA
1878



# **Article VI**

The effective date for this Limited Liability Company shall be:

06-17-2022

Willia Kha

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

#### **MAXIMO MEDINA**

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 \$.817.255, i.e. F.S.