

24/6/22, 14:05

From Lupa Enterprises Inc 1.727.914.5090 Mon Jun 27 17:21:59 2022 UTC Page 1 of 5

Division of Corporations

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Florida Department of State
Division of Corporations
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To:

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Account Name : LUPA ENTERPRISES INC
Account Number : I20200000050
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VILKA LLC

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TALLAHASSEE, FLORIDA

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Help

Articles Of Organization For Florida Limited Liability Company

Article I

The name of the Limited Liability Company is:

VILKA LLC

Article II

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

**1900 N Bayshore Dr., Suite 1A #136-1052
Miami, Florida, 33132
United State of America**

The mailing address of the Limited Liability Company is:

**1900 N Bayshore Dr., Suite 1A #136-1052
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, 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

DEIBI JHAM CORTES CASTAÑO

Address

CALLE 9 B SUR N 79A 75

MEDELLIN

ANTIOQUIA

colombia

050001

Title: MGR

Diana Carolina Villa Rojas

Address

CALLE 9 B SUR N 79A 75

medellin

antioquia

colombia

05001

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Article VI

The effective date for this Limited Liability Company shall be:

06-24-2022



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

DEIBI JHAM CORTES CASTAÑO

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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