## L22000305444

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2022 JUL 11 PM 3: 20



## Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312 (850) 656-4724

DATE <u>07/11/2022</u>			**WALK IN**
ENTITY NAME Groupto	opia LLC		
DOCUMENT NUMBER_			
	**PLEASE FILE TH	HE ATTACHED AND RETURN**	
	Plain Copy		
XXXXXX	Certified Copy		
	Certificate of Status		
***	PLEASE OBTAIN THE P	FOLLOWING FOR THE ABOVE EN	7774**
	Certified Copy of Arts		
<del></del>	Certified Copy of Arts	& Amendments Complete File (Incladi	ng Annual Reports)
<del></del>	Certificate of Status		
	Certificate of Status Ri	eflecting:	
	**APOSTILLE' / I	NOTARIAL CERTIFICATION*	*
COUNTRY OF DESTINATION	DN		<del></del>
NUMBER OF CERTIFICATI	ES REQUESTED		
TOTAL OWED \$ 155		ACCOUNT # 12014000 United Corporate Services, Inc.	ALINO
Please call Tina at the	e above number for i	any issues or concerns. Tha	nk you so much!

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Lial	bility Company is:			
Grouptopia LLC				
(Must c	ontain the words "Limited I	Liability Company, "	LLC.," or "LLC.")	
RTICLE II - Address: he mailing address and stre	et address of the principal of	ffice of the Limited	Liability Company is:	
Prin	cipal Office Address:		Malling Address:	
Carrera 20 #15-4	9	Carre	era 20 #15-49	
Begota - Colomb		Bogo	nta - Colombia	<del></del>
he name and the Florida str	United Corporate Ser			
he name and the Florida str	United Corporate Ser	Name		
he name and the Florida str	United Corporate Ser	Name	cceptable)	
he name and the Florida str	United Corporate Ser 3458 Lakeshore Driv Florida street address	Name	cceptable)	
he name and the Florida str	United Corporate Ser	Name  Name  (e 8 (P.O. Box NOT ac		
aving been named as register ace designated in this certific	United Corporate Sen  3458 Lakeshore Driv Florida street address  Tallahassee  City  red agent and to accept servicate, I hereby accept the applie provisions of all statutes in the obligations of my position  Mullan	Name  se Se (P.O. Box NOT ac  FL  State  sice of process for the cointment as registered and the name of the name	32312 Zip above stated limited liability of the desired and agree to act in this and complete performance of as provided for in Chapter 605	my duties, and I

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	Johanna Nuncz
	Carrera 20 #15-49
	Bogota - Colombia
(Use attachment if necessary)  LE V: Effective date, if other than the offective date is listed, the date must be	date of filing: (OPTIONAL) e specific and cannot be more than five business days prior to or 90 de
LE V: Effective date, if other than the confective date is listed, the date must be of filing.)	e specific and cannot be more than live business days prior to or 90 di not meet the applicable statutory filing requirements, this date will not be
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