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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LUPA ENTERPRISES INC

Account Number : I20200000050 : (727)298-8007 Phone Fax Number : (727)914-5090

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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FLORIDA LIMITED LIABILITY CO.

Pucara Group LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

Articles Of Organization For Florida Limited Liability Company

Article I

The name of the Limited Liability Company is:

Pucara Group LLC

Article II

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

600 Cleveland Street, Suite 294, Office 455
Clearwater, Florida, 33755
United States of America

The mailing address of the Limited Liability Company is:

600 Cleveland Street, Suite 294, Office 455 Clearwater, Florida, 33755 United States of America

Article III

Other provisions, if any:

Any and all lawful business

2023 JUL 14 AM 2: 02

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

Victor Orlando Miranda

Address

Av. Rivadavia 6351 20 A Torre 1 Ciudad Autonoma de Buenos Aires Argentina 1406

2023 JUL 14 MM 2: 02

Article VI

The effective date for this Limited Liability Company shall be:

07-14-2022

Victor Orlando Miranda
Signature of a member or an authorized representative of a member.

Victor Orlando Miranda

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 \$:817-155, F.S.