L12700031486 Division of Corporations Horida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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From:

Account Name : LUPA ENTERPRISES INC

Account Number : I20200000050
Phone : (727)298-8007
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. OPCODE LLC

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TALLAHASSEE, FLORIDA

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:

OPCODE LLC

Article II

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

1900 N Bayshore Dr., Suite 1A #136-1136 Miami, Florida, 33132 United State of America

The mailing address of the Limited Liability Company is:

1900 N Bayshore Dr., Suite 1A #136-1136 Miami, Florida, 33132 United State of America

Article III

Other provisions, if any:

22 JUL 15 PH 12: 35 SECRETAIN OF STATE TALLAHASSEE, FLORID

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**

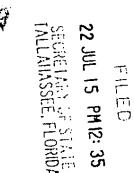
Registered Agent's Signature

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
LI ELLIS GALLARDO
Address
Calle 7 SUR 42 70 OF 1102
Medellín
ANTIOQUIA
Colombia
050021



Article VI

The effective date for this Limited Liability Company shall be:

07-15-2022

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

L'Uis Glado

LI ELLIS GALLARDO

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.

SECRETANN OF STATE