

**L22000318649**  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000244846 3)))



H220002448463ABC%

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.**  
Doing so will generate another cover sheet.

To:  
Division of Corporations  
Fax Number : (850)617-6381

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.\*\***

Email Address: info@usacorporationservices.com

2022 JUL 19 PM 3:22

FLORIDA  
COMMERCIAL  
SERVICES

**FLORIDA LIMITED LIABILITY CO.**  
**MWM Investments LLC**

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

2023 JUL 19 AM 2:35

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:

**MWM Investments LLC**

## **Article II**

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

**600 Cleveland Street, Suite 294, Office 470  
Clearwater, Florida 33755  
United State of America**

The mailing address of the Limited Liability Company is:

**600 Cleveland Street, Suite 294, Office 470  
Clearwater, Florida 33755  
United State of America**

## **Article III**

Other provisions, if any:

**Any and all lawful business**

2023 Jul 19 AM 2:35

## **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..

7/19/23  
11:23:35  
LL

## **Article V**

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

**Title: MGR**

Mariano Moszoro

**Address**

1300 Army Navy Dr Apt 609

Arlington

Virginia

USA

22202

2023 JUL 19 AM 2:35

## **Article VI**

The effective date for this Limited Liability Company shall be:

**07-19-2022**

---

*Mariano Moszoro*

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

**Mariano Moszoro**

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.

2023 JUL 19 AM 11:35