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.

(((H22000251723 3)))



H220002517233ABCY

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 : 120200000050 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

FLORIDA LIMITED LIABILITY CO.
ORANGU SPORT LLC

	<u> </u>
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:

ORANGU SPORT LLC

Article II

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

1900 N Bayshore Dr., Suite 1A #136-1160
Miami, Florida, 33132
United State of America

The mailing address of the Limited Liability Company is:

1900 N Bayshore Dr., Suite 1A #136-1160
Miami, Florida, 33132
United State of America

Article III

Other provisions, if any:

Any and all lawful business

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

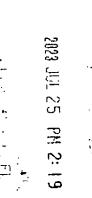


Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate; I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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
FELIPE ANDRES MAFFIOLETTI CELEDON
Address
SALADO 9174
SANTIAGO - REGION METROPOLITANA
COMUNA DE VITACURA
CHILE
7630000



Article VI

The effective date for this Limited Liability Company shall be:

07-25-2022

Felipe Ales Misoletti Cledon

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

FELIPE ANDRES MAFFIOLETTI CELEDON

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.