

28/7/22, 13:43

Division of Corporations

**C22000333649**

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.**

(((H22000255499 3)))



H220002554993ABC5

**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

## FLORIDA LIMITED LIABILITY CO.

## Fliitour LLC

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

2022 JUL 28 PM 4:54  
2022 JUL 28 PM 4:54  
2022 JUL 28 PM 4:54

FILED  
22 JUL 28 PM 12:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

---

**USA CORPORATION SERVICES  
LUPA ENTERPRISES INC**

100 SE 2nd St Suite 2000, Miami, FL 33131  
Phone: (727) 298-8007 / Fax: (727) 914-5090  
[www.UsaCoporationServices.Com](http://www.UsaCoporationServices.Com)  
[info@UsaCoporationServices.Com](mailto:info@UsaCoporationServices.Com)

*"Your business in USA starts here"*

---

**Document number:**

---

**DATE:** 7/28/2022

**NAME:** Fliitour LLC

**TYPE OF FILING:** ARTICLES OF ORGANIZATION

**22 JUL 28 PM 12:35**  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

# Articles Of Organization For Florida Limited Liability Company

## Article I

The name of the Limited Liability Company is:

Fliitour LLC

## Article II

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

**1900 N Bayshore Dr., Suite 1A #136-1162  
Miami, Florida, 33132  
United State of America**

The mailing address of the Limited Liability Company is:

**1900 N Bayshore Dr., Suite 1A #136-1162  
Miami, Florida, 33132  
United State of America**

## Article III

Other provisions, if any:

**Any and all lawful business**

RECEIVED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

22 JUL 28 PM 12:35

FILED

## **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..

FILED  
22 JUL 28 PM 12:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## **Article V**

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

**Title: MGR**

Jhony Rosas Martín Vargas Bada

**Address**

Tomás marzano 36 52, santiago de surco

Santiago de surco

surco

peru

15023

FILED  
22 JUL 28 PM 12:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## **Article VI**

The effective date for this Limited Liability Company shall be:

**07-28-2022**

---

*Jhony Rosas Martin Vargas Bada*

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

**Jhony Rosas Martín Vargas Bada**

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.

FILED  
22 JUL 28 PM 12:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA