28/7/21, 14:03

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.

(((H22000255536 3)))



H220002555363ABC/

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.

Orientte LLC

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

Electronic Filing Menu

Corporate Filing Menu

Help

FILED

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 info@UsaCoporationServices.Com

"Your business in USA starts here"

Document number:

DATE: 7/28/2022

NAME: Orientte LLC

TYPE OF FILING: ARTICLES OF ORGANIZATION

FILED

Articles Of Organization For Florida Limited Liability Company

Article I

The name of the Limited Liability Company is:

Orientte LLC

Article II

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

1900 N Bayshore Dr., Suite 1A #136-1164 Miami, Florida, 33132 United State of America 22 JUL 28 AM 1: 10 SECRETARY OF STATE FALLAHASSEE, FLOORS

The mailing address of the Limited Liability Company is:

1900 N Bayshore Dr., Suite 1A #136-1164
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



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, IN 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

Gustavo Adolfo Rodríguez puertas

Address

Calle principal casa N88, Urbanización Rincón de Caneyes Palmira, Tachira Venezuela, 5015

22 JUL 28 AM 1:

FILED

FILE

Article VI

The effective date for this Limited Liability Company shall be:

07-28-2022

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

Gtwo Dlo Diguez herta

Gustavo Adolfo Rodríguez puertas

Name of signee

This document is executed in accordance with section 605.0203 (1) (b), Florida 5 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.