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Florida Department of State  
Division of Corporations  
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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.  
L&C Healthcare Consulting LLC**

|                       |          |
|-----------------------|----------|
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| Certified Copy        | 0        |
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Help

# Articles Of Organization For Florida Limited Liability Company

## Article I

The name of the Limited Liability Company is:

L&C Healthcare Consulting LLC

## Article II

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

**1900 N Bayshore Dr., Suite 1A #136-1269  
Miami, Florida, 33132  
United State of America**

The mailing address of the Limited Liability Company is:

**1900 N Bayshore Dr., Suite 1A #136-1269  
Miami, Florida, 33132  
United State of America**

## Article III

Other provisions, if any:

**Any and all lawful business**

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CLERK OF DISTRICT COURT  
JUDICIAL CIRCUIT IN AND FOR  
THE NINTH JUDICIAL CIRCUIT  
MIAMI, FLORIDA

## **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**



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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..

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MIAMI, FLORIDA

## **Article V**

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

**Title: MGR**

Constanza Susana Cabrera Cadena

**Address**

Calle 145 # 77-10 Casa 2

Bogotá D.C

Bogota

Colombia

110111

**Title: MGR**

Andrés Ricardo Leon Gaines

**Address**

Avenida Calle 24 # 95A-80 Etapa 1 Oficina 711

Bogotá D.C

Bogota

Colombia

110111

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## **Article VI**

The effective date for this Limited Liability Company shall be:

**08-26-2022**

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*Constanza Susana Cabrera Cadena*

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

**Constanza Susana Cabrera Cadena**

\_\_\_\_\_  
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.

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