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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

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**FLORIDA LIMITED LIABILITY CO.**

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|-----------------------|----------|
| Certificate of Status | 0        |
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| Page Count            | 05       |
| Estimated Charge      | \$125.00 |

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**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**



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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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## **Article V**

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

**Title: MGR**

MARTIN ADRIAN FERNANDEZ

**Address**

Av. KENNEDY 5600, oficina 1201.  
Santiago  
Santiago  
Chile  
7630000

**Title: MGR**

LILIANA UNO SpA

**Address**

Av. KENNEDY 5600, oficina 1201.  
Santiago  
Santiago  
Chile  
7630000

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TALLAHASSEE, FLORIDA

## **Article VI**

The effective date for this Limited Liability Company shall be:

**08-30-2022**

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*Martin Adrian Fernandez*

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

**MARTIN ADRIAN FERNANDEZ**

\_\_\_\_\_  
Name of signee

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DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

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.