• From Lupa Enterprices Inc 1.727.914.5090 Wed Aug 31 20:32:47 2022 UTC Page 1 of 5 31/8/22, 17:30 Division of Corporations



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Account Number	;	120200000050	
Phone	:	(727)298-8007	
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#### FLORIDA LIMITED LIABILITY CO. SANTO SANTINO LLC

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



# Articles Of Organization For Florida Limited Liability Company

# Article I

The name of the Limited Liability Company is:

SANTO SANTINO LLC

# Article II

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

### 1900 N Bayshore Dr., Suite 1A #136-1283 Miami, Florida, 33132 United State of America

The mailing address of the Limited Liability Company is:

### 1900 N Bayshore Dr., Suite 1A #136-1283 Miami, Florida, 33132 United State of America

# Article III

Other provisions, if any:

## Any and all lawful business

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### 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..

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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 7570034

#### **Title: MGR**

SANTO SANTINO UNO SPA

#### Address

KENNEDY 5600, oficina 1201. Santiago Santiago Chile 7570034

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# Article VI

The effective date for this Limited Liability Company shall be:

### 08-31-2022

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

#### MARTIN ADRIAN FERNANDEZ

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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