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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.

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FLORIDA LIMITED LIABILITY CO. VAMOS POR MAS LLC Certificate of Status 0

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Articles Of Organization For Florida Limited Liability Company

Article I

The name of the Limited Liability Company is:

VAMOS POR MAS LLC

Article II

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

1900 N Bayshore Dr., Suite 1A #136-1334 Miami, Florida, 33132 United State of America

The mailing address of the Limited Liability Company is:

1900 N Bayshore Dr., Suite 1A #136-1334 Miami, Florida, 33132 United State of America

Article III

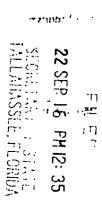
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Any and all lawful business



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



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..

22 SEP 16 PH I2: 35

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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

GINNA PATRICIA CÁRDENAS ROCHA

Address

Tv 12 22-42 local 126 Fusagasugá Cundinamarca Colombia 252212

22 SEP 16 PM 12: 35
SECRETARIASSEE, FLORIDA
TALLAHASSEE, FLORIDA

Article VI

The effective date for this Limited Liability Company shall be:

09-16-2022

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

Gra Hericia Colem Son

GINNA PATRICIA CÁRDENAS ROCHA

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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