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.

(((H22000333802 3)))



H220003338023ABCX

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

 $^{\prime }$ 

#### FLORIDA LIMITED LIABILITY CO. CMPT GROUP LLC

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

Electronic Filing Menu

Corporate Filing Menu

Help



# Articles Of Organization For Florida Limited Liability Company

#### Article I

The name of the Limited Liability Company is:

CMPT GROUP LLC

#### Article II

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

1900 N Bayshore Dr., Suite 1A #136-1358 Miami, Florida, 33127 United State of America

The mailing address of the Limited Liability Company is:

1900 N Bayshore Dr., Suite 1A #136-1358
Miami, Florida, 33127
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



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, 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:

 $\sim$ 

Title: MGR

MARIA GRACIELA ESPINOSA TORO

**Address** 

CALLE 27 A SUR 47-55 APTO 304

ENVIGADO ANTIOQUIA COLOMBIA

055420

Title: MGR

CLAUDIA PATRICIA TABARES ESPINOSA

**Address** 

CRA 27 B 27 D SUR 99 CASA 247

Envigado ANTIOQUIA Colombia 055420

Title: MGR

**CESAR MAURICIO TABARES ESPINOSA** 

**Address** 

CARRERA 27 # 23 SUR 101 CASA 118

ENVIGADO ANTIOQUIA COLOMBIA 055420

Title: MGR

PAULA CRISTINA TABARES ESPINOSA

**Address** 

CARRERA 27 # 23 SUR 69 APTO 407

ENVIGADO ANTIOQUIA COLOMBIA 055420

## **Article VI**

The effective date for this Limited Liability Company shall be:

### 09-27-2022

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

Ma Geiela Epine a Toxo

#### MARIA GRACIELA ESPINOSA TORO

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.