

7/10/22, 17:28

Division of Corporations

**L2200044375**

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.  
LB ONETEST LLC**

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# Articles Of Organization For Florida Limited Liability Company

## Article I

The name of the Limited Liability Company is:

LB ONETEST LLC

## Article II

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

**1900 N Bayshore Dr., Suite 1A #136-1386  
Miami, Florida, 33132  
United State of America**

The mailing address of the Limited Liability Company is:

**1900 N Bayshore Dr., Suite 1A #136-1386  
Miami, Florida, 33132  
United State of America**

## Article III

Other provisions, if any:

**Any and all lawful business**

22 OCT 14 PM 12:35  
FALLMAYOR@STATE.FL.GOV

## **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..

22 OCT 14 PM 12:35  
100 SE 2nd Street Suite 2000  
Miami, Florida 33131



**Article VI**

The effective date for this Limited Liability Company shall be:

**10-10-2022**

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*Camilo Espinoza Ramirez*

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

**Camilo Espinoza Ramirez**

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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.

22 OCT 14 PM 12:35  
STATE OF FLORIDA  
DEPARTMENT OF STATE