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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

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FLORIDA LIMITED LIABILITY CO. A.ROUCO 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:

A.ROUCO LLC

<u>Article II</u>

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

1900 N Bayshore Dr., Suite 1A #136-1464 Miami, Florida, 33132 United State of America

The mailing address of the Limited Liability Company is:

1900 N Bayshore Dr., Suite 1A #136-1464
Miami, Florida, 33132
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, 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
Angel Piero Rouco Gonzalez
Address
Rio de Janeiro 1482, Departamento 2
Villa Rosa, Pilar
Provincia de Buenos Aires
Argentina 1631

Title: MGR
Adriana Wolkowyski
Address
Rio de Janeiro 1482, Departamento 2
Villa Rosa, Pilar
Provincia de Buenos aires
Argentina 1631



Article VI

The effective date for this Limited Liability Company shall be:

10-25-2022

Angel Piero Rouco Gonzalez
Signature of a member or an authorized representative of a member.

Angel Piero Rouco Gonzalez

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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