Electronic Filing Cover Sheet

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.

(((H22000367478 3)))



H220003674783ABC8

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 : I2020000050 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. FIVE CONTINENTS DISTRIBUTIONS 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 Limited Liability Company is:

The name of the Limited Liability Company is:

FIVE CONTINENTS DISTRIBUTIONS LLC

Article II

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

1900 N Bayshore Dr., Suite 1A #136-1472
Miami, Florida, 33132
United States of America

The mailing address of the Limited Liability Company is:

1900 N Bayshore Dr., Suite 1A #136-1472
Miami, Florida, 33132
United States 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



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, 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:

Title: MGR
BLAS JOSE BARLETTA MANJARRES
Address
66 W FLAGLER ST SUITE 900
MIAMI
FL 33130

Title: MGR
BLAS ARTURO BARLETTA LOPEZ
Address
66 W FLAGLER ST SUITE 900
MIAMI
FL 33130

Article VI

The effective date for this Limited Liability Company shall be:

11-15-2022

BLAS GOSCBARL(TTA WANDARRCS
Signature of a member or an authorized representative of a member.

BLAS JOSE BARLETTA MANJARRES

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 \$.817.155, F.S.