

3/11/22, 15:27

Division of Corporations

Florida Department of State
Division of Corporations
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.

(((H22000376867 3)))



H220003768673ABC8

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: _____

FLORIDA LIMITED LIABILITY CO.**Arman2 Entertainment LLC**

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$125.00

2022 NOV -3 PM 3:19

FALL MASSEE, FL AIDA

22 NOV -3 PM 12:35

FILED

[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:

Arman2 Entertainment LLC

Article II

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

**1900 N Bayshore Dr., Suite 1A #136-1515
Miami, Florida, 33132
United States of America**

The mailing address of the Limited Liability Company is:

**1900 N Bayshore Dr., Suite 1A #136-1515
Miami, Florida, 33132
United States of America**

Article III

Other provisions, if any:

Any and all lawful business

22 NOV -3 PM 12:35
FALLASSIST 41 410A

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..

FILED
22 NOV -3 PM 12:35
TALLAHASSEE, FL 32304

Article V

The name and address of each person(s) authorized to manage and control the
Limited Liability Company:

Title: MGR

Armando Bodre Castillo

Address

CALLE BAHORUCO #12

Santo Domingo Este

Distrito Nacional

10101

República Dominicana

22 NOV -3 PM 12:35
FALL PLASSEE, FL 306A

Article VI

The effective date for this Limited Liability Company shall be:

12-01-2022

Armando Bodre Castillo

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

Armando Bodre Castillo

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.

FILED
22 NOV -3 PM 12:35
TALLAHASSEE, FLORIDA