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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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Email Address: info@usacorporationservices.com

2022-11-23 PM 3:24

**FLORIDA LIMITED LIABILITY CO.**  
**garzia group LLC**

Certificate of Status	0
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22 NOV -8 PM 12:35

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# Articles Of Organization For Florida Limited Liability Company

## Article I

The name of the Limited Liability Company is:

garzia group LLC

## Article II

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

**1900 N Bayshore Dr., Suite 1A #136-1517  
Miami, Florida, 33132  
United States of America**

The mailing address of the Limited Liability Company is:

**1900 N Bayshore Dr., Suite 1A #136-1517  
Miami, Florida, 33132  
United States of America**

### Article III

Other provisions, if any:

**Any and all lawful business**

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## **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..

2 NOV -8 PM 12:35  
Lupa Enterprises Inc

## **Article V**

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

**Title: MGR**

jorge nicolas garzia

**Address**

elias ayala 1770

asuncion

central

Paraguay


22 NOV -8 PM 12:35  
LUPA ENTERPRICES INC  
1.727.914.5090

## **Article VI**

The effective date for this Limited Liability Company shall be:

**11-03-2022**

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

**jorge nicolas garzia**  
\_\_\_\_\_  
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 NOV -8 PM 12:  
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