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Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LUPA ENTERPRISES INC

Account Number : I20200000050 : (727)298-8007 Phone Fax Number : (727)914-5090

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FLORIDA LIMITED LIABILITY CO.

Vision Geografica LLC

Certificate of Status	0
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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:

Vision Geografica LLC

Article II

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

1900 N Bayshore Dr Suite 1A #136-1557 Miami, Florida, 33132 United States

The mailing address of the Limited Liability Company is:

1900 N Bayshore Dr Suite 1A #136-1557 Miami, Florida, 33132 United States

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 States



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..

Article V

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

37. 43.

Title: MGRM

Henrry Ubaldo Navarrete Alvarado

Address:

San Jose Sur Calle quinta entre la e y la F

Quevedo Los Rios Ecuador 120103

Title: MGRM

Mallury Elizabeth Coronado Zurita

Address:

San Jose Sur Calle quinta entre la Ey la F

Quevedo Los Rios Ecuador 120103

Article VI

The effective date for this Limited Liability Company shall be:

01/01/2023

Henrry Ubaldo Navarrete Alvarado

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

Henrry Ubaldo Navarrete Alvarado

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.