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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LUPA ENTERPRISES INC

Account Number : I20200000050 : (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.

Wilosur Insurance LLC

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D. O'KEEFE

NOV 18 2022

Articles Of Organization For

Florida Limited Liability Company

Article I

The name of the Limited Liability Company is:

Wilosur Insurance LLC

Article II

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

1900 N Bayshore Dr Suite 1A #136-1571 Miami, Florida, 33132 United States

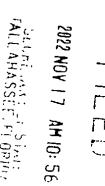
The mailing address of the Limited Liability Company is:

1900 N Bayshore Dr Suite 1A #136-1571 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**



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:

Title: MGR

Bryan Steve Torres Osorio

Address:

Calle 12A #71B - 40 Torre 8 Oficina 404 Bogotá D.C

Bogotá D.C Colombia 110821

Title: MBR

Wilkie De Jesus Osorio Uribe

Address:

Calle 12A #71B - 40 Torre 8 Oficina 404 Bogotá D.C

Bogotá D.C Colombia 110821

Article VI

The effective date for this Limited Liability Company shall be:

01/02/2023

Bryan Steve Forres Osorio

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

Bryan Steve Torres Osorio

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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