21/11/22, 16:52 Division of Corporations

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Florida Department of State
Division of Corporations
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To:
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Fax Number : (850)617-6381

From:
Account Name : LUPA ENTERPRISES INC
Account Number : I20200000050
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FLORIDA LIMITED LIABILITY CO.

Corporacion Travel Tours OMD LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
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2022 NOV 21 PM 3:24

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:

Corporacion Travel Tours OMD LLC

Article II

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

1900 N Bayshore Dr Suite 1A #136-1573
Miami, Florida, 33132
United States

The mailing address of the Limited Liability Company is:

1900 N Bayshore Dr Suite 1A #136-1573
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..

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Article V

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

Title: MGR
OMAR FELIPE DELGADO MORAN
Address:
MARIA ONTANEDA 612 Y JOSE SANCHEZ
QUITO
PICHINCHA
Ecuador
170301

Title: MGR
JOHANA MARISELA LARA TORRES
Address:
Sabanilla OE45-19 y Av de la Prensa
QUITO
PICHINCHA
Ecuador
170301

Article VI

The effective date for this Limited Liability Company shall be:

01 / 02 / 2023

Johana Marisela Lara Torres

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

JOHANA MARISELA LARA TORRES

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.