

Division of Corporations

L22000496426

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.

((H22000400331 3))



H220004003313ABCP

**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: info@usacorporationservices.com

**FLORIDA LIMITED LIABILITY CO.  
FARMACIAS D'LEON LLC**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$125.00

2022 11 28 PM 4:48

HL

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:

**FARMACIAS D'LEON LLC**

## Article II

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

**1900 N Bayshore Dr Suite 1A #136-1588  
Miami, Florida, 33132  
United States**

The mailing address of the Limited Liability Company is:

**1900 N Bayshore Dr Suite 1A #136-1588  
Miami, Florida, 33132  
United States**

## Article III

Other provisions, if any:

**Any and all lawful business**

FILED  
2022 NOV 28 PM 3:35  
SEVENTH JUDICIAL CIRCUIT  
TALLAHASSEE, FLORIDA

## 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

FILED  
2022 NOV 28 PM 3:35  
COUNTY CLERK  
MELANHASSEE, FLORIDA

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  
SILVIA VERONICA MANCILLA  
Address:  
calle real centro comercial bella vista jocotenango sacatepequez  
JOCOTENANGO  
Sacatepéquez  
Guatemala  
03002

Title: MBR  
ANGEL LEONEL GARCIA PORTILLO  
Address:  
3 CALLE 1-25 ZONA 4 VILLA NUEVA  
GUATEMALA  
GUATEMALA  
Guatemala  
01064

Title: MBR  
JIMY ALEXANDER VASQUEZ  
Address:  
1 CALLE 8-75 ZONA 1  
GUATEMALA  
GUATEMALA  
Guatemala  
01001

Title: MBR  
HERMINIA MORALES GUITZOL DE PAR  
Address:  
ALDEA SAN JOSE CHIRIJUYU  
CHIMALTENANGO  
CHIMALTENANGO  
Guatemala  
04006

Title: MBR  
MARIA ANGELICA CUTZAL GABRIEL  
Address:  
ALDEA SAN JOSE POAQUIL  
CHIMALTENANGO  
CHIMALTENANGO  
Guatemala  
04002

FILED  
2022 NOV 28 PM 3:35  
SILVIA VERONICA MANCILLA  
JIMY ALEXANDER VASQUEZ  
HERMINIA MORALES GUITZOL DE PAR  
MARIA ANGELICA CUTZAL GABRIEL  
JOCOTENANGO SACATEPEQUEZ  
GUATEMALA

Title: MBR  
GLEZZ ANDANE AMEMLIA PINEDA GONZALEZ  
Address:  
ALDEA LLANO DE PIEDRAS  
ZACAPA  
ZACAPA  
Guatemala  
19001

Title: MBR  
KELER IVAN MORALES CERNA  
Address:  
SANTA LUCIA COTZUMALGUAPA  
ESCUINTLA  
ESCUINTLA  
Guatemala  
05002

Title: MBR  
KATHLEEN JUDITH MENDEZ ESCALANTE  
Address:  
LOTE 35 MANZANA 9 QUETZALTEPEQUE  
CHIQUMULA  
CHIQUMULA  
Guatemala  
20001

Title: MBR  
MARVIN SAUL ALDANA CASASOLA  
Address:  
1 CALLE 2-31 COLONA CAÑAVERAL  
ESCUINTLA  
ESCUINTLA  
Guatemala  
5002

FILED  
2022 NOV 28 PM 3:35  
U.S. DISTRICT COURT  
MIDDLE DISTRICT OF FLORIDA  
TALLAHASSEE, FLORIDA

## Article VI

The effective date for this Limited Liability Company shall be:

11 / 30 / 2022

*Silvia Veronica Mancilla*

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

SILVIA VERONICA MANCILLA

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  
2022 NOV 28 PM 3:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA