

L22000497705

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.

(((H22000402454 3)))



H220004024543ABCX

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

2022 NOV 29 AM 11:27
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

FILED

FLORIDA LIMITED LIABILITY CO.
Ucontent LLC

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

2022 NOV 29 PM 4:51

HL

Articles Of Organization For Florida Limited Liability Company

Article I

The name of the Limited Liability Company is:

Ucontent LLC

Article II

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

**1900 N Bayshore Dr Suite 1A #136-1597
Miami, Florida, 33132
United States**

2022 NOV 29 AM 11:27
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

The mailing address of the Limited Liability Company is:

**1900 N Bayshore Dr Suite 1A #136-1597
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.

FILED
2022 NOV 29 AM 12:27
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Article V

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

Title: MGR
Melina Cecilia Galli
Address:
Julio Llanos 3122
Córdoba
Córdoba
Argentina
5008

2022 NOV 29 AM 11:27
TALLAHASSEE, FLORIDA
COMMUNITY OF FLORIDA

Article VI

The effective date for this Limited Liability Company shall be:

01 / 02 / 2023

Melina Cecilia Galli

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

Melina Cecilia Galli

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 29 AM 11:27
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA