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

From:  
Account Name : LUPA ENTERPRISES INC  
Account Number : 120200000050  
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.  
FOREPIN LLC

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TALLAHASSEE, FLORIDA

# Articles Of Organization For Florida Limited Liability Company

## Article I

The name of the Limited Liability Company is:

FOREPIN LLC

## Article II

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

1900 N Bayshore Dr Suite 1A #136 -1711  
Miami, Florida, 33132  
United States

The mailing address of the Limited Liability Company is:

1900 N Bayshore Dr Suite 1A #136-1711  
Miami, Florida, 33132  
United States

## Article III

Other provisions, if any:

Any and all lawful business

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## 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



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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: MGRM

EDWARD ALFONSO PINZON PONTON

Address: TRANSVERSAL 13B BIS A ESTE 73 22 SUR BARRO: JUAN REY

BOGOTA D.C

CUNDINAMARCA

Colombia

110911

## Article VI

The effective date for this Limited Liability Company shall be:

01 / 02 / 2023

*Edward Alfonso Pinzon Ponton*

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

EDWARD ALFONSO PINZON PONTON

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.