

**L230000001419**

Florida Department of State  
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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.**  
**Neolution studios LLC**

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# **Articles Of Organization For Florida Limited Liability Company**

## **Article I**

The name of the Limited Liability Company is:

**Neolution studios LLC**

## **Article II**

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

**1900 N Bayshore Dr Suite 1A #136-1715  
Miami, Florida, 33132  
United States**

The mailing address of the Limited Liability Company is:

**1900 N Bayshore Dr Suite 1A #136-1715  
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



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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  
EDGAR VALCARCEL BALLEEN  
Address: Cra 68 #5-17  
BOGOTA  
BOGOTA  
Colombia  
110831

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## Article VI

The effective date for this Limited Liability Company shall be:

01 / 02 / 2023

*Edgar Valcarcel Ballen*

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

EDGAR VALCARCEL BALLEEN

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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