

3/1/23, 13:22

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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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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.  
JIS GLOBAL, LLC

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

2023 JAN -4 PM 2:04  
2023 JAN -4 PM 12:35

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Corporate Filing Menu

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60x

January 4, 2023

*Dear Mr / Ms*

*We are resending the documents for this company first sent on January 3rd, pending for approval.*

Lupa Enterprises  
I20200000050



(727) 914-5090

23 JAN -4 PM 12:35

# Articles Of Organization For Florida Limited Liability Company

## Article I

The name of the Limited Liability Company is:

JIS GLOBAL, LLC

## Article II

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

**1900 N Bayshore Dr Suite 1A #136-1723  
Miami, Florida, 33132  
United States**

The mailing address of the Limited Liability Company is:

**1900 N Bayshore Dr Suite 1A #136-1723  
Miami, Florida, 33132  
United States**

## Article III

Other provisions, if any:

Any and all lawful business

23 JAN -4 PM 12:35  
JIS GLOBAL, LLC  
JAN 4 2023

## 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..

23 JAN -4 PM 12:35  
RECEIVED  
STATE OF FLORIDA  
SECRETARY OF STATE

## Article V

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

Title: MGRM  
FLORENTINO JIMENEZ  
Address: CALLE NORBERTO TORRES #9  
SANTO DOMINGO  
Santo Domingo  
Dominican Republic  
SANTO DOMINGO

23 JAN -1, PM 12:35  
FLORENTINO JIMENEZ

## Article VI

The effective date for this Limited Liability Company shall be:

01 / 03 / 2023

*Florentino Jimenez*

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

FLORENTINO JIMENEZ

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.

23 JAN -4 PM 12:35  
NOTAR PUBLIC  
JIMENEZ