

**123000002884**

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.

((H23000004426 3)))



H230000044263ABCV

**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 : 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.  
223 G-A LLC**

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

2023 Jan 4 PM 4:41

23 JAN-4 PM 12:35

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:

223 G-A LLC

## Article II

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

1900 N Bayshore Dr Suite 1A #136-1741  
Miami, Florida, 33132  
United States

The mailing address of the Limited Liability Company is:

1900 N Bayshore Dr Suite 1A #136-1741  
Miami, Florida, 33132  
United States

## Article III

Other provisions, if any:

Any and all lawful business

23 JAN -4 PM 12:35  
RECEIVED  
CLERK OF DISTRICT COURT  
MIAMI, 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

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

HENRY DILON ZAMORA CRESPIN

Address: JR. GENERAL CANTERAC 362

JESUS MARIA

LIMA

Peru

15072

23 JAN -4 PM 12:35  
C:\Users\user\Documents\...

## Article VI

The effective date for this Limited Liability Company shall be:

01 / 27 / 2023

Henry Dilon Zamora Crespin

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

HENRY DILON ZAMORA CRESPIN

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