

L23000003603

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.**

((H23000006337 3)))



H230000063373ABCY

**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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JAN 5 AM 9:18

FILED

FLORIDA LIMITED LIABILITY CO.  
Olate Propiedades LLC

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

2023 JAN 5 PM 4:25

Electronic Filing Menu

Corporate Filing Menu

Help

T. BURCH  
JAN 6 2023

# Articles Of Organization For Florida Limited Liability Company

## Article I

The name of the Limited Liability Company is:

Olate Propiedades LLC

## Article II

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

1900 N Bayshore Dr Suite 1A #136-1745  
Miami, Florida, 33132  
United States

The mailing address of the Limited Liability Company is:

1900 N Bayshore Dr Suite 1A #136-1745  
Miami, Florida, 33132  
United States

## Article III

Other provisions, if any:

Any and all lawful business

FILED  
2023 JAN -5 AM 9:18  
SECRETARY OF STATE  
TALLAHASSEE, 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..

## **Article V**

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

**Title: MGRM**

**Cristian Rodrigo Olate Orellana**

**Address: presidente balmaceda 2150 depto 1202**

**santiago**

**metropolitana**

**Chile**

**6763**

## Article VI

The effective date for this Limited Liability Company shall be:

01 / 05 / 2023

*Cristian Rodrigo Olate Orellana*

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

Cristian Rodrigo Olate Orellana

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  
JAN-5 AM 9:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA