Division of Corporation

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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. **SUMIGER LLC**

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Corporate Filing Menu

Help

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Articles Of Organization For Florida Limited Liability Company

Article I

The name of the Limited Liability Company is:

SUMIGER LLC

Article II

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

4414NW 35TH TERR
GAINESVILLE, Florida, 32605
United States

The mailing address of the Limited Liability Company is:

4414NW 35TH TERR
GAINESVILLE, Florida, 32605
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



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

TATIANA CONSUELO CAMARGO VILLANUEVA

Address: 4414NW 35TH TERR

GAINESVILLE FLORIDA United States 32605 From Lupa Enterprices Inc 1.727.914.5090 Wed Jan 11 16:47:13 2023 UTC Page 6 of 6

Article VI

The effective date for this Limited Liability Company shall be:

01/07/2023

Tatiana Consuelo Camargo Villanueva

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

TATIANA CONSUELO CAMARGO VILLANUEVA

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.