

1/21/23, 16:55

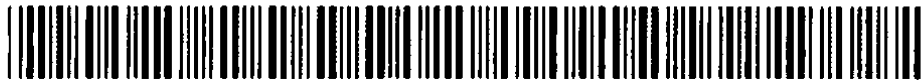
Division of Corporations

**L23000023860**

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.  
MALU LINGERIE LLC**

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

05:44:50  
JAN 20 2023

**FILED**  
2023 JAN 20 AM 11:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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:

**MALÚ LINGERIE LLC**

## Article II

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

**1900 N Bayshore Dr Suite 1A #136-1791  
Miami, Florida, 33132  
United States**

The mailing address of the Limited Liability Company is:

**1900 N Bayshore Dr Suite 1A #136-1791  
Miami, Florida, 33132  
United States**

## Article III

Other provisions, if any:

**Any and all lawful business**

**FILED**  
**2023 JAN 20 AM 11:37**  
**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

A handwritten signature in black ink, consisting of a vertical line with several horizontal strokes crossing it.

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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..

## **Article V**

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

**Title: MGRM**

**Claudia Fernanda Sanchez Serna**

**Address: Av. 5b Nte. #64 N - 80**

**Cali**

**Valle del Cauca**

**Colombia**

**760050**

**Title: MGRM**

**Mariana Aguirre Serna**

**Address: carrera 1 d 1 # 53-140**

**Cali**

**Valle del Cauca**

**Colombia**

**760050**

## Article VI

The effective date for this Limited Liability Company shall be:

01 / 19 / 2023

*Claudia Fernanda Sanchez Serna*

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

Claudia Fernanda Sanchez Serna

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.