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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

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#### FLORIDA LIMITED LIABILITY CO.

#### Monets Beauty Care LLC

Certificate of Status	0
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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:

Monets Beauty Care LLC

### Article II

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

1900 N Bayshore Dr Suite 1A #136 -1810 Miami, Florida, 33132 United States

The mailing address of the Limited Liability Company is:

1900 N Bayshore Dr Suite 1A #136-1810 Miami, Florida, 33132 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** 

Luciana Mordini

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 25 PH 12: 35

## Article V

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

Title: MGRM

Maria Paula Escobar Gil Address: Calle 70 58 133

Itagui Antioquia Colombia 055410

23 JAN 26 PH12: 35

## **Article VI**

The effective date for this Limited Liability Company shall be:

01/24/2023

Maria Paula Escobar Gil

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

Maria Paula Escobar Gil

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 JAH 26 PH 12: 35