

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.

(((H23000116253 3)))



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 : (305)397-0980

 $\bullet \bullet$ Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: filings@usacorporationservices.com

FLORIDA LIMITED LIABILITY CO. SENSOR MEDICAL USA LLC

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

Electronic Filing Menu Corporate Filing Menu

Help

3/28/23, 8:19 AM

usacorporationservices - USACorporation

# Articles Of Organization For Florida Limited Liability Company

## Article I

The name of the Limited Liability Company is:

SENSOR MEDICAL USA LLC

#### Article II

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

1900 N Bayshore Dr Suite 1A #136 -2089 Miami, Florida, 33132 United States

The mailing address of the Limited Liability Company is:

1900 N Bayshore Dr Suite 1A #136-2089 Miami, Florida, 33132 United States

### Article III

Other provisions, if any:

Any and all lawful business

3/28/23, 8:19 AM

usacorporationservices - USACorporation

#### Article IV

The name and Florida street address of the registered agent is:

## **USA CORPORATION SERVICES**

Lupa Enterprises INC

100 SE 2nd Street Suite 2000 Miami, Florida, 33131 United States

+1 (727) 298-8007

info@usacorporationservices.com

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. Thereby 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..

. . .

3/28/23, 8:19 AM

usacorporationservices - USACorporation

# Article V

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

Title: MGRM

Arbey Alexander Bonilla Muñoz

Address: CARRERA 80 # 150 31 ETAPA 3 CASA 15

BOGOTA BOGOTA Colombia 111156

Title: MGRM

Jose Rafael Sepulveda Priegues

Address: CALLE 95 No 71-75 TORRE 3 APTO 2404

BOGOTA BOGOTA Colombia 111121 3/28/23, 8:19 AM

usacorporationservices - USACorporation

# Article VI

The effective date for this Limited Liability Company shall be:

03 / 27/ 2023

Arbey Alexander Bonilla Muñoz

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

Arbey Alexander Bonilla Muñoz

Name of signee

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. Earn aware that any false information submitted in a document to the Department of State constitutes a third degree fellow as provided for in s.817.155, F.S.