

4/5/23, 9:23 AM

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Division of Corporations

Florida Department of State

Division of Corporations

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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

\*\*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.

Lionhearted House LLC

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
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# **Articles Of Organization For Florida Limited Liability Company**

## **Article I**

The name of the Limited Liability Company is:

**Lionhearted House LLC**

## **Article II**

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

**1900 N Bayshore Dr Suite 1A #136 -2124  
Miami, Florida, 33132  
United States**

The mailing address of the Limited Liability Company is:

**1900 N Bayshore Dr Suite 1A #136-2124  
Miami, Florida, 33132  
United States**

## **Article III**

Other provisions, if any:

**Any and all lawful business**

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## 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, 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..

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## **Article V**

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

**Title: MGR**

**Pablo Josias Herrera Rivera**

**Address: Condominio "Trojes del Alba" Av. Los Molles Casa 10 Zona Tiquipaya**

**Cochabamba**

**Cochabamba**

**Bolivia**

**000**

**Title: MGR**

**Natalia Auzza Taborga**

**Address: Condominio "Trojes del Alba" Av. Los Molles Casa 10 Zona Tiquipaya**

**Cochabamba**

**Cochabamba**

**Bolivia**

**000**

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## Article VI

The effective date for this Limited Liability Company shall be:

04 / 04/ 2023

Pablo Josias Herrera Rivera

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

Pablo Josias Herrera Rivera

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.