#### Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LUPA ENTERPRISES INC

Account Number : I2020000050 Phone : (727)298-8007 Fax Number : (305)397-0980

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#### FLORIDA LIMITED LIABILITY CO.

#### Sensus Clinic LLC

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# Articles Of Organization For Florida Limited Liability Company

# Article I

The name of the Limited Liability Company is:

Sensus Clinic LLC

## **Article II**

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

1900 N Bayshore Dr Suite 1A #136 -2143
Miami, Florida, 33132
United States

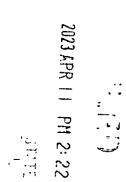
The mailing address of the Limited Liability Company is:

1900 N Bayshore Dr Suite 1A #136-2143
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: MGRM

Laura Catalina Duque Jaramillo

Address: Cra 72#163-31 int 3 apto 812

Bogotá

Cundinamarca Colombia 111176

Title: MBR

Andres Camilo Consuegra Cabrera Address: Cra 72#163-31 int 3 apto 812

Bogotá

Cundinamarca

Colombia

111176

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# **Article VI**

The effective date for this Limited Liability Company shall be:

04 / 09/ 2023

Laura Catalina Duque Jaramillo

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

Laura Catalina Duque Jaramillo

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.