Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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From:

Account Name : LUPA ENTERPRISES INC

Account Number : 120200000050 Phone : (727)298-8007 Fax Number : (305)397-0980

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FLORIDA LIMITED LIABILITY CO. IDI ENERGY SAS LLC

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Articles Of Organization For Florida Limited Liability Company

Article I

The name of the Limited Liability Company is:

IDI ENERGY SAS LLC

Article II

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

1900 N Bayshore Dr Suite 1A #136 -2193
Miami, Florida, 33132
United States

The mailing address of the Limited Liability Company is:

1900 N Bayshore Dr Suite 1A #136-2193 Miami, Florida, 33132 United States

Article III

Other provisions, if any:

Any and all lawful business

3033

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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

2023 APR 24 PH 4: 23
SECRETARY OF STATE
TALLAHASSEE, FL

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

John Jairo Ortiz Cruz

Address: Carrera 14 b sur # 95 -120 torre a apt 1205

TOLIMA IBAGUE Colombia

57

SECRETARY OF STATE

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Article VI

The effective date for this Limited Liability Company shall be:

04 / 21/ 2023

John Jairo Ortiz Cruz

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

John Jairo Ortiz Cruz

Name of signee

SECRETARY OF STATE TALLAHASSEE, FI

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 fellony as provided for in s.817.155, F.S.