

#### Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LUPA ENTERPRISES INC

Account Number : I20200000050 : (727)298-8007 Phone 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.

Natural and healthy paradise LLC

| Certificate of Status | 0        |
|-----------------------|----------|
| Certified Copy        | 0        |
| Page Count            | 05       |
| Estimated Charge      | \$125,00 |

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# Articles Of Organization For Florida Limited Liability Company

#### Article I

The name of the Limited Liability Company is:

Natural and healthy paradise LLC

#### Article II

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

1900 N Bayshore Dr Suite 1A #136 -2223
Miami, Florida, 33132
United States

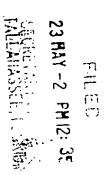
The mailing address of the Limited Liability Company is:

1900 N Bayshore Dr Suite 1A #136-2223 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

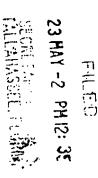
+1 (727) 298-8007

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

William Fernando Baez Melgarejo Address: Cra 50 # 122 sur 60

Caldas antioquia

Medellín Colombia 050001

23 MAY -2 PH 12: 35

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### **Article VI**

The effective date for this Limited Liability Company shall be:

05 / 01/ 2023

## William Fernando Baez Melgarejo

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

### William Fernando Baez Melgarejo

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.

