

6/26/23, 12:07 PM

Division of Corporations

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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 : I20200000050  
Phone : (727)298-8007  
Fax Number : (305)397-0980

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CORPORATIONS  
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FLORIDA LIMITED LIABILITY CO.

Nutricefood LLC

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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# **Articles Of Organization For Florida Limited Liability Company**

## **Article I**

The name of the Limited Liability Company is:

**Nutricefood LLC**

## **Article II**

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

**1900 N Bayshore Dr Suite 1A #136 -2485  
Miami, Florida, 33132  
United States**

The mailing address of the Limited Liability Company is:

**1900 N Bayshore Dr Suite 1A #136-2485  
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**

**Edgar Rafael Flores Romani**

**Address: Paseo Mar Del Norte N° 16 Clouster 999 Lomas De Angelópolis**

**Puebla**

**Puebla**

**Mexico**

**72830**

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## Article VI

The effective date for this Limited Liability Company shall be:

06 / 26/ 2023

Edgar Rafael Flores Romani

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

Edgar Rafael Flores Romani

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.