Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000254709 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

to:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LUPA ENTERPRISES INC

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

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. CELL HEALTH WELLNESS LLC

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

Electronic Filing Menu

Corporate Filing Menu

Help

7/21/23, 8 40 AM

usacorporationservices - USACorporation

Articles Of Organization For Florida Limited Liability Company

Article I

The name of the Limited Liability Company is:

CELL HEALTH WELLNESS LLC

Article II

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

1900 N Bayshore Dr Suite 1A #136 -2582 Miami, Florida, 33132 United States

The mailing address of the Limited Liability Company is:

1900 N Bayshore Dr Suite 1A #136-2582 Miami, Florida, 33132 United States

Article III

Other provisions, if any:

Any and all lawful business





7/21/23, 8:40 AM

usacorporationservices - USACorporation

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 fiability company at the place designated in this certificate. I hereby accept the appointment as registered agent and agree to act in this capacity. I turther 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..

SECULATION OF STATE O

7/21/23, 8:40 AM

usacorporationservices - USACorporation

Article V

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

Title: MGR

Johanna Virginia Simpson Garcia

Address: AV. GUSTAVO MEJIA RICART ESQUINA FEDERICO GERALDINO

SANTO DOMINGO

DN

Dominican Republic

00000

Title: MGRM

Jorge Luis Garcia

Address: AV. GUSTAVO MEJIA RICART ESQUINA FEDERICO GERALDINO

SANTO DOMINGO

DN

Dominican Republic

00000

2023 JUL 21 AM 12: 55

7/21/23, 8,40 AM

usacorporationservices - USACorporation

Article VI

The effective date for this Limited Liability Company shall be:

07 / 20/ 2023

Johanna Virginia Simpson Garcia

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

Johanna Virginia Simpson Garcia

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.

SECRETARY OF STAT