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Division of Corporations

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To: Division of Corporations  
Fax Number : (850)617-6381

From: Account Name : LUPA ENTERPRISES INC  
Account Number : 120200000050  
Phone : (727)296-8007  
Fax Number : (305)397-0980

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FLORIDA LIMITED LIABILITY CO.  
Casa Loba Wellness LLC

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# Articles Of Organization For Florida Limited Liability Company

## Article I

The name of the Limited Liability Company is:

Casa Loba Wellness LLC

## Article II

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

1900 N Bayshore Dr Suite 1A #136 -2601  
Miami, Florida, 33132  
United States

The mailing address of the Limited Liability Company is:

1900 N Bayshore Dr Suite 1A #136-2601  
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: MGR  
Iris Angelani  
Address: Alem  
Saladillo  
Buenos Aires  
Argentina  
7260

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## Article VI

The effective date for this Limited Liability Company shall be:

07 / 26 / 2023

*Iris Angelani*

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

Iris Angelani

\_\_\_\_\_  
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, FS

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