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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)298-8007
Fax Number : (305)397-0980

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FLORIDA LIMITED LIABILITY CO.
ALEXMARTOR LLC

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Articles Of Organization For Florida Limited Liability Company

Article I

The name of the Limited Liability Company is:

ALEXMARTOR LLC

Article II

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

1900 N Bayshore Dr Suite 1A #136 -2646
Miami, Florida, 33132
United States

The mailing address of the Limited Liability Company is:

1900 N Bayshore Dr Suite 1A #136-2646
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

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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
Mario Alejandro Mendoza Torres
Address: Lirios 21
Cuautitlan Izcalli
Estado de Mexico
Mexico
54750

Title: MGRM
Mario Mendoza Silva
Address: Lirios 21
Cuautitlan Izcalli
Estado de Mexico
Mexico
54750

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(M...)

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Article VI

The effective date for this Limited Liability Company shall be:

08 / 07 / 2023

Mario Mendoza Silva

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

Mario Mendoza Silva

Name of signee

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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.