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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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FLORIDA LIMITED LIABILITY CO.

VitalCare Equipment LLC

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Help

28/9/23, 7.59

Articles Of Organization For Florida Limited Liability Company

Article I

The name of the Limited Liability Company is:

VitalCare Equipment LLC

Article II

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

1900 N Bayshore Dr Suite 1A #136 -2869 Miami, Florida, 33132 **United States**

The mailing address of the Limited Liability Company is:

1900 N Bayshore Dr Suite 1A #136-2869 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..

Article V

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

Title: MGRM

Scarleth Esperanza Blandon Moreno Address: Residencial Andares Casa 30

Managua Managua Nicaragua 10000

Title: MGRM

Wilber Antonio Matamoro Ruiz

Address: Radio Rumbos 1 C al Sur 150 Metros al Este

Rivas Rivas

Nicaragua 10000 Fax: 18885334730

To:

Fax: (850) 617-6381 usacorporationservices - USACorporation

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Article VI

The effective date for this Limited Liability Company shall be:

09 / 27/ 2023

Scarleth Esperanza Blandon Moreno

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

Scarleth Esperanza Blandon Moreno

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 fellony as provided for in s.817.155. F.S.