

From: Luis Grillo  
16/10/23, 14:46

# L23000473929

Fax: 1888-3473 To: (850) 617-6381 Page 5 of 10 16:02

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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STATE TOLAH HASSELI

\*\*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.  
OHPEA LLC

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

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STATE TOLAH HASSELI

# Articles Of Organization For Florida Limited Liability Company

## Article I

The name of the Limited Liability Company is:

OHPEA LLC

## Article II

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

1900 N Bayshore Dr Suite 1A #136 -1469  
Miami, Florida, 33132  
United States

The mailing address of the Limited Liability Company is:

1900 N Bayshore Dr Suite 1A #136-1469  
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:

Lupa Enterprises INC  
100 SE 2nd Street Suite 2000  
Miami, Florida, 33131  
United States

*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..



## Article VI

The effective date for this Limited Liability Company shall be:

10 / 05 / 2023

*Carolina Morassutti Ohlweiler*

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

Carolina Morassutti Ohlweiler

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.