

From: Luis Grillo  
25/1/24, 12:41

Fax: 18885334730

To:

Fax: (850) 617-6381

Fax: 205

25/1/24 12:52

# L24000042558

Florida Department of State  
Division of Corporations  
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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

**\*\*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.  
GOLDEN PHI SOLUTION LLC

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

2024 JAN 25 PM 1:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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Help

# Articles Of Organization For Florida Limited Liability Company

## Article I

The name of the Limited Liability Company is:

GOLDEN PHI SOLUTION LLC

## Article II

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

1900 N Bayshore Dr Suite 1A #136 -3284  
Miami, Florida, 33132  
United States

The mailing address of the Limited Liability Company is:

1900 N Bayshore Dr Suite 1A #136-3284  
Miami, Florida, 33132  
United States

## Article III

Other provisions, if any:

Any and all lawful business

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TALLAHASSEE, FLORIDA

## 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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**TALLAHASSEE, FLORIDA**

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: MGR

Nelson Alberto Morales Morales

Address: 6943 S Well Wood Rd

Midvale

UT

United States

84047

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## Article VI

The effective date for this Limited Liability Company shall be:

01 / 24/ 2024

Nelson Alberto Morales Morales

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

Nelson Alberto Morales Morales

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.

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