

# L24000114733

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  
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Email Address: filings@usacorporationservices.com

**FLORIDA LIMITED LIABILITY CO.**  
**Instituto Robert OWEN LLC**

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

# Articles Of Organization For Florida Limited Liability Company

## Article I

The name of the Limited Liability Company is:

Instituto Robert OWEN LLC

## Article II

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

1900 N Bayshore Dr Suite 1A #136 -3456  
Miami, Florida, 33132  
United States

The mailing address of the Limited Liability Company is:

1900 N Bayshore Dr Suite 1A #136-3456  
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

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*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: MGR

Pablo Jose Cruz Mendez

Address: Oficentro El Malinche San Rafael

Escazu

San Jose

Costa Rica

10203

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## Article VI

The effective date for this Limited Liability Company shall be:

03 / 11/ 2024

*Pablo Jose Cruz Mendez*

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

Pablo Jose Cruz Mendez

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 to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

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