

L24000192791

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000154693 3)))



H240001546933ABC1

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.**  
Doing so will generate another cover sheet.

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.**

**Paternity Online LLC**

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

[Electronic Filing Menu](#)

[Corporate Filing Menu](#)

[Help](#)

FILED  
2024 APR 29 PM 12:53  
TALLAHASSEE, FLORIDA

# Articles Of Organization For Florida Limited Liability Company

## Article I

The name of the Limited Liability Company is:

Paternity Online LLC

## Article II

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

1900 N Bayshore Dr Suite 1A #136 -3638  
Miami, Florida, 33132  
United States

The mailing address of the Limited Liability Company is:

1900 N Bayshore Dr Suite 1A #136-3638  
Miami, Florida, 33132  
United States

## Article III

Other provisions, if any:

Any and all lawful business

FILED  
2024 APR 29 PM 12:53  
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

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

Maria Dannia Soledad Rios Nacif

Address: Avda. Rafael Barret c/ Monseñor Rodriguez Km. 8 Edificio

Residencial Vida Nova Apart. 502

Ciudad del Este

Alto Paraná

Paraguay

7000

## Article VI

The effective date for this Limited Liability Company shall be:

04 / 26 / 2024

*Maria Dannia Soledad Rios Nacif*

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

Maria Dannia Soledad Rios Nacif

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.

FILED  
2024 APR 29 PM 12:53  
TALLAHASSEE, FLORIDA