

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet  
**L24000205279**

**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.**

((H24000165707 3)))



H240001657073ABC%

**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.  
Marvel Munchies LLC**

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

RECEIVED  
2024 MAY -7 AM 11:52  
DIVISION OF CORPORATIONS  
DIVISION OF COMMERCIAL  
REGISTRATION SERVICES

T.S.H  
5/8/24

Electronic Filing Menu

Corporate Filing Menu

Help

# Articles Of Organization For Florida Limited Liability Company

## Article I

The name of the Limited Liability Company is:

Marvel Munchies LLC

## Article II

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

1900 N Bayshore Dr Suite 1A #136 -3682  
Miami, Florida, 33132  
United States

The mailing address of the Limited Liability Company is:

1900 N Bayshore Dr Suite 1A #136-3682  
Miami, Florida, 33132  
United States

## Article III

Other provisions, if any:

Any and all lawful business

## 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

Felipe Patricio Raúl Alcaino Trevizan

Address: Avenida Borgono 19500 Departamento 133

Concon

Valparaiso

Chile

2510021

## Article VI

The effective date for this Limited Liability Company shall be:

05 / 06 / 2024

*Felipe Patricio Raúl Alcaíno Trevizan*

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

Felipe Patricio Raúl Alcaíno Trevizan

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