

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

L24000232439

Note: Please print this page and use it as a cover sheet. The tax audit number (shown below) is the top 12 digits of all digits of the tax audit number.

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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

RECEIVED
2024 MAY 28 AM 9:20
DIVISION OF CORPORATIONS
COMMERCIAL
SERVICES

FLORIDA LIMITED LIABILITY CO.
AMERICA DESPIERTA LLC

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

2024 MAY 28 PM 5:00

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:

AMERICA DESPIERTA LLC

Article II

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

1900 N Bayshore Dr Suite 1A #136 -3721
Miami, Florida, 33132
United States

The mailing address of the Limited Liability Company is:

1900 N Bayshore Dr Suite 1A #136-3721
Miami, Florida, 33132
United States

Article III

Other provisions, if any:

Any and all lawful business

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SECRETARY OF STATE
DIVISION OF STATE REGISTRATION
2024 MAY 28 PM 5:00

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: MGR

Efraim Omar Quiroz Scarcelli

Address: Barrio Santa Rita Manzana 5 Casa 7 La Colonia Junín

Departamento Junin

Provincia Mendoza

Argentina

5572

Article VI

The effective date for this Limited Liability Company shall be:

05 / 15/ 2024

Efraim Omar Quiroz Scarcelli

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

Efraim Omar Quiroz Scarcelli

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.