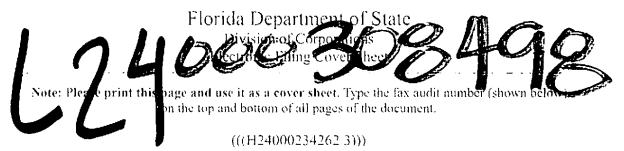
10/7/24, 10:48

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

# 2024 JUL 12 PH 3: 45

### FLORIDA LIMITED LIABILITY CO.

### **Full Vacation LLC**

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

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# Articles Of Organization For Florida Limited Liability Company

### Article I

The name of the Limited Liability Company is:

**Full Vacation LLC** 

### Article II

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

1900 N Bayshore Dr Suite 1A #136 -3947 Miami, Florida, 33132 United States

The mailing address of the Limited Liability Company is:

1900 N Bayshore Dr Suite 1A #136-3947 Miami, Florida, 33132 United States

## Article III

Other provisions, if any:

Any and all lawful business



10/7/24, 10:46

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12/7/2024 15:13

## **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 fiability 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.

From: Luis Grillo

10/7/24, 10:46

Fnx: 18885334730

To.

Fax (850) 617-6381 usacorporationservices - USACorporation

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# Article V

The name and address of each person(s) authorized to manage and control the Limited Liability Company:

Title: MGRM

Luis Fernando Lozano Rosas

Address: Cra 32 # 38-52 CC Galeron local 101B

Villavicencio

Meta

Colombia

500001

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## **Article VI**

The effective date for this Limited Liability Company shall be:

07 / 09/ 2024

Luis Fernando Lozano Rosas

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

Luis Fernando Lozano Rosas

Name of signee

This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes II am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in \$817.155, FS.