

From: Luis Grillo
25/7/24, 10:37

Fax: 18885334730

To:

Fax: (850) 617-6381

Page: 6 of 7

29/7/2024 16:01

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet
Note: Please print this page and use it as a cover sheet for the tax audit form (shown below) on the top left corner of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LUPA ENTERPRISES INC

Account Number : I20200000050

Phone : (727)293-8007

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.
AGROIND LLC

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

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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

2024 JUL 29 AM 11:15

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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:

AGROIND LLC

Article II

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

1900 N Bayshore Dr Suite 1A #136 -4015
Miami, Florida, 33132
United States

The mailing address of the Limited Liability Company is:

1900 N Bayshore Dr Suite 1A #136-4015
Miami, Florida, 33132
United States

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SECRETARY OF STATE
TALLAHASSEE, FL

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..

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CLERK OF STATE
TALLAHASSEE, FL

From: Luis Grillo
25/7/24, 10:34

Fax: 18885334730

To:

Fax: (850) 617-6381

Page: 4 of 7

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usacorporationservices - USACorporation

Article V

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

Title: MGRM

Johan Felipe Rodriguez Reina

Address: Calle 35 Norte #3G-68

Cali

Valle

Colombia

760000

Title: MGRM

Brayan Estiven Rodriguez Reina

Address: Calle 35 Norte #3G-68

Cali

Valle

Colombia

760000

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TALLAHASSEE, FL

Article VI

The effective date for this Limited Liability Company shall be:

07 / 24/ 2024

Brayan Estiven Rodriguez Reina

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

Brayan Estiven Rodriguez Reina

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.

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TALLAHASSEE, FL