

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : LUPA ENTERPRISES INC
Account Number : I2020000050
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

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TALLAHASSEE, FL

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FLORIDA LIMITED LIABILITY CO.

Gauchitorganic Ltda LLC

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

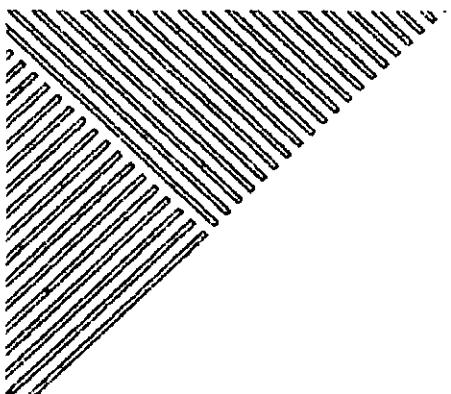
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TALLAHASSEE, FL

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Electronic Filing Menu

Corporate Filing Menu

Help



Luciana Mordini
100 Se 2nd St, Suite 2000
Miami, FL 33131

August 27, 2024

To Florida Department of State

We are resending these documents, first send on
August 23, 2024 because we still haven't received an
approval.

Please send it as soon as possible.

Additional fax number: (305) 397 - 0980

Articles Of Organization For Florida Limited Liability Company

Article I

The name of the Limited Liability Company is:

Gauchitorganic Ltda LLC

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FLORIDA
STATE
PACIFIC
REGISTRATION
DIVISION
FL

Article II

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

**1900 N Bayshore Dr Suite 1A #136 -4165
Miami, Florida, 33132
United States**

The mailing address of the Limited Liability Company is:

**1900 N Bayshore Dr Suite 1A #136-4165
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

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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

Martin Llona

Address: Avenida Velarde 34

Santa Cruz De La Sierra

Santa Cruz De La Sierra

Bolivia

000

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Title: MGRM

Carlos Alberto Gallo

Address: Av Cristobal De Mendoza Cond Castelo Branco

Santa Cruz De La Sierra

Santa Cruz De La Sierra

Bolivia

000

Title: MGRM

Luciano Mauricio Gallo

Address: Av Cristobal De Mendoza Cond Castelo Branco

Santa Cruz De La Sierra

Santa Cruz De La Sierra

Bolivia

000

From: Luis
23/8/24, 11:16

Fax: +18885334730

To:

Fax: +18506176381

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27/08/2024 18:05

usacorporationservices - USACorporation

Article VI

The effective date for this Limited Liability Company shall be:

08 / 22 / 2024

Martin Llona

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

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S/ M. Llona
STATE OF FLORIDA
SACORPORATION SERVICES, LLC

Martin Llona

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.