

Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filings Cover Sheet

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FL
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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

SECRETARY OF STATE
TALLAHASSEE, FL

2024 SEP -5 PM 3:44

RECEIVED

FLORIDA LIMITED LIABILITY CO.
Endurance and administration and pox services LLC

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

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SECRETARY OF STATE
TALLAHASSEE, FL

2024 SEP -5 PM 4:47

RECEIVED

Articles Of Organization For Florida Limited Liability Company

Article I

The name of the Limited Liability Company is:

Endurance and administration and pox services LLC

Article II

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

2 S Biscayne Boulevard Suite 3200 #4238
Miami, Florida, 33131
United States

The mailing address of the Limited Liability Company is:

2 S Biscayne Boulevard Suite 3200 #4238
Miami, Florida, 33131
United States

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CLERK 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

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SECRETARY OF STATE
TALLAHASSEE, FL.

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

Samuel Felipe Robles Castañeda

Address: Av Azcapozalco 143

Ciudad De Mexico

Ciudad De Mexico

Mexico

02080

Title: MBR

Samuel Moises Robles Martin

Address: 8290 Federal Blvd Apt 12

Westminster

Colorado

United States

80031

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SUPREME COURT OF STATE
TALLAHASSEE, FL

Article VI

The effective date for this Limited Liability Company shall be:

09 / 05 / 2024

Samuel Felipe Robles Castañeda

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

Samuel Felipe Robles Castañeda

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
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