

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 : 120200000050
Phone : (727)298-8007
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FLORIDA LIMITED LIABILITY CO.

Fullevents LLC

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

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SECRETARY OF STATE
TALLAHASSEE, FL

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Articles Of Organization For Florida Limited Liability Company

Article I

The name of the Limited Liability Company is:

Fullevents LLC

Article II

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

2 S Biscayne Boulevard Suite 3200 #4313
Miami, Florida, 33131
United States

The mailing address of the Limited Liability Company is:

2 S Biscayne Boulevard Suite 3200 #4313
Miami, Florida, 33131
United States

Article III

Other provisions, if any:

Any and all lawful business

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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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STATE
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: MGR
Luis Alberto Felix Reyes
Address: Calle José Contreras 114
Moca
Espaillat
Dominican Republic
56000

PAID
2024 SEP 16 PM 4:05
S. J. ...RY OF STATE
...SSEE, FL.

Article VI

The effective date for this Limited Liability Company shall be:

09 / 13/ 2024

Luis Alberto Felix Reyes

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

Luis Alberto Felix Reyes

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
document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

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