

Division of Corporations

# 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 : 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

## FLORIDA LIMITED LIABILITY CO. MULTIRETENES 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:

MULTIRETENES LLC

## Article II

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

2 S Biscayne Boulevard Suite 3200 #4341  
Miami, Florida, 33131  
United States

The mailing address of the Limited Liability Company is:

2 S Biscayne Boulevard Suite 3200 #4341  
Miami, Florida, 33131  
United States

## Article III

Other provisions, if any:

Any and all lawful business

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2024 SEP 19 11:11:24

## 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..

From: Luis  
19/9/24, 9:49

Fax: +18885334730

To:

Fax: +18506176381

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19/09/2024 12:17

usacorporationservices - USACorporation

## Article V

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

**Title: MGR**

**Felicidad Cruz Escalera**

**Address: Calle General Acha Nro. 485 Entre Tumulas y Tarapaca Cochabamba-**

**Bolivia**

**Cochabamba**

**Cercado**

**Bolivia**

**0000**

## Article VI

The effective date for this Limited Liability Company shall be:

09 / 18/ 2024

*Felicidad Cruz Escalera*

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

Felicidad Cruz Escalera

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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.