

Division of Corporations

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet
L24000408253

No. Please print this number and use it as a cover sheet. Type the tax audit number (shown below) on the top and bottom of all pages of the document.

((H24000319147 3)))

FL
9-23-24



H240003191473ABC*

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From: Account Name : LUPA ENTERPRISES INC
Account Number : 120200000050
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.
FSH US LLC

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

RECEIVED

2024 SEP 20 PM 4:55

SECRETARY OF STATE
TALLAHASSEE, FL

Electronic Filing Menu

Corporate Filing Menu

Help

SECRETARY OF STATE
TALLAHASSEE, FL

2024 SEP 20 PM 4:05

FILED

Articles Of Organization For Florida Limited Liability Company

Article I

The name of the Limited Liability Company is:

FSH US LLC

Article II

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

**2 S Biscayne Boulevard Suite 3200 #4334
Miami, Florida, 33131
United States**

The mailing address of the Limited Liability Company is:

**2 S Biscayne Boulevard Suite 3200 #4334
Miami, Florida, 33131
United States**

FILED
2024 SEP 20 PM 4:05
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

2024 SEP 20 PM 4:09
STATE OF FLORIDA
SECRETARY OF STATE

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

Victor Manuel Rojas Sevilla

Address: Islas Frisias 14 Mz 24 Lt 58 Residencial Chiluca

Atizapan De Zaragoza

Estado De Mexico

Mexico

52930

FILED
2024 SEP 20 PM 4:05
SECRETARY OF STATE
TALLAHASSEE, FL

Article VI

The effective date for this Limited Liability Company shall be:

09 / 18 / 2024

Victor Manuel Rojas Sevilla

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

Victor Manuel Rojas Sevilla

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.

FILED
2024 SEP 20 PM 4: 05
STATE DEPARTMENT OF STATE
TALLAHASSEE, FL