30/9/24, 9:54

RECEIVED

Fax: +18885334730

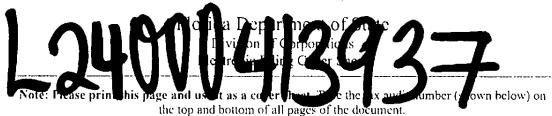
To:

Fax: +18506176381

Page: 2 of 6

30/09/2024 13:31

Division of Corporations



(((H24000330030 3)))



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 : I20200000050 : (727)298-8007 Phone

Fax Number

: (305)397-0980

annual report mailings. Enter only one email address please.\*\* Email Address: filings@usacorporationservices.com

FLORIDA LIMITED LIABILITY CO.

\*\*Enter the email address for this business entity to be used for future

**Besta Tours LLC** 

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

1/1

Electronic Filing Menu

Corporate Filing Menu

Help



30/9/24, 9:51

usacorporationservices - USACorporation

# Articles Of Organization For Florida Limited Liability Company

#### Article I

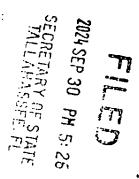
The name of the Limited Liability Company is:

**Besta Tours LLC** 

#### **Article II**

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

2 S Biscayne Boulevard Suite 3200 #4394 Miami, Florida, 33131 United States



The mailing address of the Limited Liability Company is:

2 S Biscayne Boulevard Suite 3200 #4394
Miami, Florida, 33131
United States

### Article III

Other provisions, if any:

Any and all lawful business

30/9/24, 9:51

usacorporationservices - USACorporation

#### **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: Liuis

Fax: +18885334730

To:

Fax: +18506176381

Page: 5 of 6

30/09/2024 13:31

30/9/24, 9:51

usacorporationservices - USACorporation

# Article V

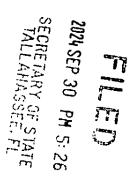
The name and address of each person(s) authorized to manage and control the Limited Liability Company:

Title: MGR

Gerardo Diaz Mansilla

Address: Italia 5043 Apt 410

Dique Lujan Buenos Aires Argentina 1623



From: Luis

30/9/24, 9:51

Fax: +18885334730

To.

Fax: +18506176381 usacorporationservices - USACorporation

Page: 6 of 6

30/09/2024 13:31

Article VI

The effective date for this Limited Liability Company shall be:

09 / 27/ 2024

Gerardo Diaz Mansilla

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

Gerardo Diaz Mansilla

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.

2024 SEP 30 PM 5: 26
SECRETARY OF STATE
TALL AHASSEE, FA