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 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

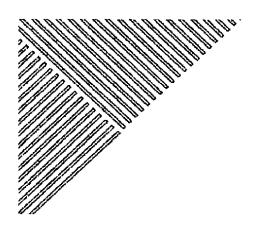
# FLORIDA LIMITED LIABILITY CO. MABEL PRODUCTS AND SERVICES LLC

Certificate of Status	0
Certified Copy	0
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Help



Luciana Mordini 100 Se 2nd St, Suite 2000 Miami, FL 33131

October 1, 2024

To Florida Department of State

We are resending these documents, first send on September 26, 2024 because we still haven't received an aprovval.

Please send it as soon as posible.

Additional fax number: (305) 397 - 0980



# Articles Of Organization For Florida Limited Liability Company

#### Article I

The name of the Limited Liability Company is:

MABEL PRODUCTS AND SERVICES LLC

#### Article II

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

2 S Biscayne Boulevard Suite 3200 #4384 Miami, Florida, 33131 United States

The mailing address of the Limited Liability Company is:

2 S Biscayne Boulevard Suite 3200 #4384 Miami, Florida, 33131 United States

## Article III

Other provisions, if any:

Any and all lawful business

From: Luis Grifto Fax: 18885334730

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26/9/24, 9:12

To:

Fax: (850) 617-6381 usacorporationservices - USACorporation Page: 5 of 7

2/10/2024 15:29

#### **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..

Article V

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

Title: MGR

Abel Azuara Avila

Address: Ideal No. 57 Industrial

Cdmx

Ciudad De Mexico

Mexico 07800

Title: MBR

Martha Lilia Paulin Gonzalez

Address: Nisperos 95 Lomas San Mateo

Naucalpan

Estado De Mexico

Mexico 53200 2024 OCT -2 PN 4: 47

From: Luis Gritto 26/9/24, 9:12 Fax: 18885334730

To:

Fax: (850) 617-6381

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# Article VI

The effective date for this Limited Liability Company shall be:

09 / 25/ 2024

Abel Azuara Avila

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

Abel Azuara Avila

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 fellony as provided for in s.817.155, F.S.