

Division of Corporations

Florida Department of State

**H24000327520**  
Division of Corporations  
Electronic Filings Cover Sheet  
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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.  
Solsonattis LLC

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

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TALLAHASSEE, FL

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Electronic Filing Menu

Corporate Filing Menu

Help

# Articles Of Organization For Florida Limited Liability Company

## Article I

The name of the Limited Liability Company is:

Solsonattis LLC

## Article II

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

2 S Biscayne Boulevard Suite 3200 #4360  
Miami, Florida, 33131  
United States

The mailing address of the Limited Liability Company is:

2 S Biscayne Boulevard Suite 3200 #4360  
Miami, Florida, 33131  
United States

## Article III

Other provisions, if any:

Any and all lawful business

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SOLSONATTIS LLC  
STATE OF FLORIDA

## 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

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CLERK OF DISTRICT COURT  
STATE OF FLORIDA  
MIAMI, FL.

*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: MGRM

Valeria Paola Calabrese

Address: Martín Lange 4401

Villa Ballester

Buenos Aires

Argentina

1653

Title: MGRM

Roberto Gabriel Re

Address: Martín Lange 4401

Villa Ballester

Buenos Aires

Argentina

1653

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FL

## Article VI

The effective date for this Limited Liability Company shall be:

10 / 03 / 2024

*Roberto Gabriel Re*

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

Roberto Gabriel Re

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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.

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