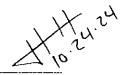
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Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LUPA ENTERPRISES INC

Account Number : 120200000050

Phone Fax Number : (727)298-8007 : (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. filings@usacorporationservices.com

Email Address:

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FLORIDA LIMITED LIABILITY CO. LEGACY BUSINESS ACADEMY LLC

Certificate of Status	0
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Articles Of Organization For Florida Limited Liability Company

Article I

The name of the Limited Liability Company is:

LEGACY BUSINESS ACADEMY LLC

Article II

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

2 S Biscayne Boulevard Suite 3200 #4521 Miami, Florida, 33131 United States

The mailing address of the Limited Liability Company is:

2 S Biscayne Boulevard Suite 3200 #4521 Miami, Florida, 33131 United States

Article III

Other provisions, if any:

Any and all lawful business

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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

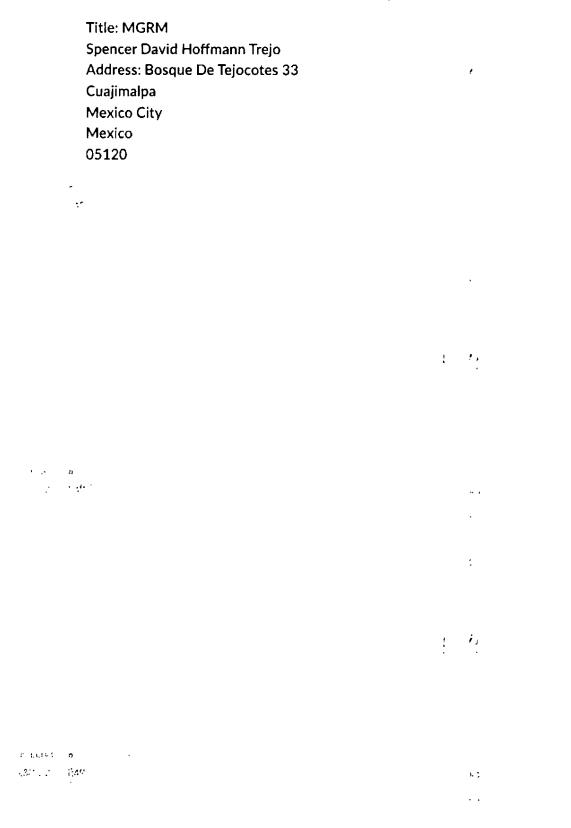
Luciana Mordini

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 approxisions 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:



Article VI

The effective date for this Limited Liability Company shall be:

10 / 22/ 2024

Spencer David Hoffmann Trejo

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

Spencer David Hoffmann Trejo

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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SECRETARY OF STATE
VISION OF COGNORATION

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