

Florida Department of State

Division of Corporations Electronic Filing 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 PROFIT/NON PROFIT CORPORATION

Megalodon-X INC

Certificate of Status	0
Certified Copy	0
Page Count	05
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Help

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

Article I Name

The name of the corporation shall be:

Megalodon-X INC

Article II Principal Office

Principal street address

1900 N Bayshore Dr Suite 1A #136 -2917 Miami, Florida, 33132 United States

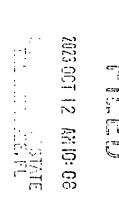
Mailing address, if different is:

1900 N Bayshore Dr Suite 1A #136 Miami, Florida, 33132

Article III Purpose

The purpose for which the corporation is organized is:

All permitted by law



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Article IV Shares

The number of shares of stock is:

1000

Article V Initial Officers and/or Directors

Title: President
Melina Rocio Taborda
Address: General Paz 991
Zarate
Buenos Aires
Argentina
2800

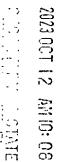
Title: Vice President
Alejandro Gabriel Jarquin Aldana
Address: 1A Cda de Zacatecas Mz 2 LT 2
Iztapalapa
Ciudad de México
Mexico
09520

Article VI Registered Agent

Name: Lupa Enterprise INC

Address: 100 SE 2nd Street Suite 2000

Miami, Florida, 33131





To:

Article VII Incorporator

The name and address of the Incorporator is:

Luciana Mordini

1900 N Bayshore Dr, Suite 1A 136, Miami, FL 33132

Article VIII Effective Date

Effective date, if other than the date of filing:	01-Jan-2024	(OPTIONAL)		
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days aher the filing.)				
Note: If the date inserted in this block does not meet the application not be listed as the document's effective date on the Department	table statutory filing ret t of State's records.	equirements, this date will		
Having been named as registered agent to accept service of proplace designated in this certificate, I am familiar with and accept agree to act in this capacity				
Lupa Enterprises INC Required Signature/Registered Agent	12	2 <i>-0c+-2023</i> _{Date}		
I submit this document and affirm that the facts stated herein a submitted in a document to the Department of State constitute s.817.155, F.S.				
Luciana Mordini Required Signature/Incorporator	12	2-0ct-2023 7 Date 7		