

Division of Corporations

Florida Department of State

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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

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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

QPONS GROUP CORP

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

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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:

QPONS GROUP CORP

Article II

Principal Office

Principal street address

2 S Biscayne Boulevard Suite 3200 #4243
Miami, Florida, 33131
United States

Mailing address, if different is:

2 S Biscayne Boulevard Suite 3200 #100 Miami, Florida, 33131

Article III

Purpose

The purpose for which the corporation is organized is:

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Article IV

Shares

The number of shares of stock is:

100

Article V

Initial Officers and/or Directors

Title: President

Ezequiel Fernando Enrique

Address: Tafi 2741

Avellaneda

Buenos Aires

Argentina

1872

Title: Vice President

Francisco Jose Hauque

Address: Juan Carlos Cruz 100 P1701 T2

Vicente Lopez

Buenos Aires

Argentina

1638

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Article VI

Registered Agent

Name: Lupa Enterprises INC

Address: 100 SE 2nd Street Suite 2000
Miami, Florida, 33131

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Article VII Incorporator

The name and address of the Incorporator is:

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

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Article VIII Effective Date

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Lupa Enterprises INC

Required Signature/Registered Agent

02-Sep-2024

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the 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.

Luciana Mordini

Required Signature/Incorporator

02-Sep-2024

Date