

From: Luis Grillo  
8/7/24, 12:12

Fax: 18885334730

To

Fax: (850) 617-6381

Page: 2 of 6

8/7/2024 13:17

Division of Corporations

## Florida Department of State

Division of Corporations  
Electronic Filing System

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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

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FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
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### FLORIDA LIMITED LIABILITY CO.

MediaComm Solutions LLC

Certificate of Status	0
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TALLAHASSEE, FL

2024 JUL -9 PM 12:31

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Corporate Filing Menu

Help

# Articles Of Organization For Florida Limited Liability Company

## Article I

The name of the Limited Liability Company is:

MediaComm Solutions LLC

## Article II

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

1900 N Bayshore Dr Suite 1A #136 -3933  
Miami, Florida, 33132  
United States

The mailing address of the Limited Liability Company is:

1900 N Bayshore Dr Suite 1A #136-3933  
Miami, Florida, 33132  
United States

## Article III

Other provisions, if any:

Any and all lawful business

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TALLAHASSEE, FL

8/7/24, 12:11

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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 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..

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**STATE OF FLORIDA**

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## Article V

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

Title: MGR

Albert Junior Robinson Martinez

Address: Campo Real -Concasa Cond 9-10 Apa D-73

San Rafael

Alajuela

Costa Rica

20108

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TALLAHASSEE, FL

## Article VI

The effective date for this Limited Liability Company shall be:

07 / 06 / 2024

Albert Junior Robinson Martinez

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

Albert Junior Robinson Martinez

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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