

From: Luis Grillo  
11/7/24, 11:54

Fax: 18885334730

To:

Fax: (850) 617-6381

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Division of Corporations

## Florida Department of State

Division of Corporations

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To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : LUPA ENTERPRISES INC  
Account Number : T20200000050  
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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2024 JUL 11 PM 3:49

### FLORIDA LIMITED LIABILITY CO.

Certainty insurance group LLC

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

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# Articles Of Organization For Florida Limited Liability Company

## Article I

The name of the Limited Liability Company is:

Certainty insurance group LLC

## Article II

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

1900 N Bayshore Dr Suite 1A #136 -3954  
Miami, Florida, 33132  
United States

The mailing address of the Limited Liability Company is:

1900 N Bayshore Dr Suite 1A #136-3954  
Miami, Florida, 33132  
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 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

Hector Bruno Malara

Address: Sarmiento 747 Piso 2

Buenos aires

Buenos Aires

Argentina

1041

## Article VI

The effective date for this Limited Liability Company shall be:

07 / 09 / 2024

*Hector Bruno Malara*

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

Hector Bruno Malara

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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.