Division of Corporations



H240002453613AB0

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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 LIMITED LIABILITY CO. EMBOSERP-USA LLC

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

Electronic Filing Menu Corporate Filing Menu

Help

SECRETARY OF STATE TIVISION usacorporationservices - USACorporation

# Articles Of Organization For Florida Limited Liability Company

#### Article I

The name of the Limited Liability Company is:

**EMBOSERP-USA LLC** 

#### Article II

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

1900 N Bayshore Dr Suite 1A #136 -3992 Miami, Florida, 33132 United States

The mailing address of the Limited Liability Company is:

1900 N Bayshore Dr Suite 1A #136-3992 Miami, Florida, 33132 United States

#### Article III

Other provisions, if any:

Any and all lawful business



usacorporationservices - USACorporation

### **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..

Fr8m: Luis Grillo Fax: 18885334730 Fo: Fax: (850) 617-6381 Page: 5 of 6 19/7/2024 12:42

19/7/24, 11:17

usacorporationservices - USACorporation

## Article V

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

Title: MGR

Luis Fernando Cabero Saravia

Address: Calle San Lucas #19 (Barrio California) Radial 17.5 #4290

Santa Cruz Santa Cruz Bolivia 591

Fax: 18885334730

To:

Fak: (850) 617-6381

Page: 6 of 6

19/7/2024 12:41

usacorporationservices - USACorporation

## Article VI

The effective date for this Limited Liability Company shall be:

07 / 18/ 2024

Luis Fernando Cabero Saravia

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

Luis Fernando Cabero Saravia

Name of signee

This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes. Fam aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in \$817.155, F.S.