Fax: 18885334730

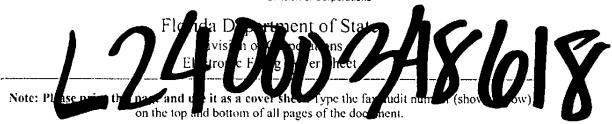
To:

Fax: (850) 617-6381

Page: 2 of 6

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Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LUPA ENTERPRISES INC

Account Number : 120200000050

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.\*\*

filings@usacorporationservices.com Email Address:

### FLORIDA LIMITED LIABILITY CO. SPORT AND SECURITY STORE LLC

| Certificate of Status | 0        |
|-----------------------|----------|
| Certified Copy        | 0        |
| Page Count            | 05       |
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# Articles Of Organization For Florida Limited Liability Company

## Article I

The name of the Limited Liability Company is:

#### SPORT AND SECURITY STORE LLC

#### **Article II**

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

1900 N Bayshore Dr Suite 1A #136 -4114 Miami, Florida, 33132 United States

The mailing address of the Limited Liability Company is:

1900 N Bayshore Dr Suite 1A #136-4114
Miami, Florida, 33132
United States

#### **Article III**

Other provisions, if any:

Any and all lawful business

13/8/24, 12:31

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#### **Article IV**

To:

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..

From: Lúis Grillo 1 Fax: 1885334730 To: Fax: (850) 617-6381 Page: 5 of 6 13/8/2024 13:37

13/8/24, 12:31

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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

Alan Mauricio Pavon Davila

Address: Colonia Villa Imperial Media Cuadra Al Norte De Casa Madison

Santa Rosa De Copán

Copán Honduras 41101 From: Ltris Grillo \* Fax: 18885334730

13/8/24, 12:31

To:

Fax: (850) 617-6381

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# **Article VI**

The effective date for this Limited Liability Company shall be:

08 / 12/ 2024

Alan Mauricio Pavon Davila

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

Alan Mauricio Pavon Davila

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.