

De: Luis
16/8/24, 10:21

Fax: +18895334730

Para:

Fax: +18506176381

Página: 1 de 5

16/8/2024 15:25

Division of Corporations

Florida Department of State
L24000356421
Electronic Filing Cover Sheet

8-19-24

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H24000275198 3)))



H240002751983ABC5

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.

Full Adventure Tours USA LLC

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

2024 AUG 16 PM 1:56
CORPORATIONS
SERVICES

Electronic Filing Menu

Corporate Filing Menu

Help

Articles Of Organization For Florida Limited Liability Company

Article I

The name of the Limited Liability Company is:

Full Adventure Tours USA LLC

Article II

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

1900 N Bayshore Dr Suite 1A #136 -4137
Miami, Florida, 33132
United States

The mailing address of the Limited Liability Company is:

1900 N Bayshore Dr Suite 1A #136-4137
Miami, Florida, 33132
United States

Article III

Other provisions, if any:

Any and all lawful business

16/8/24, 10:19

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..

De: Luis
16/8/24, 10:19

Fax: +18885334730

Para:

Fax: +18506176381

Página: 4 de 5 16/8/2024 15:25

usacorporationservices - USACorporation

Article V

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

Title: MGR

Ismerli Atanachi Del Rio Baez

Address: Calle. Osa Menor 9 Sector Gala

Santo Domingo

Santo Domingo

Dominican Republic

10602

De: Luis
16/8/24, 10:19

Fax: +18885334730

Para:

Fax: +18506176381

Página: 5 de 5 16/8/2024 15:25

usacorporationservices - USACorporation

Article VI

The effective date for this Limited Liability Company shall be:

08 / 15/ 2024

Ismerli Atanachi Del Rio Baez

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

Ismerli Atanachi Del Rio Baez

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.