#### **Division of Corporations Electronic Filing Cover Sheet**

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.

(((H25000023642 3)))



H250000236423ABC1

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. \*\*

filings@usacorporationservices.com Email Address:\_\_

#### FLORIDA LIMITED LIABILITY CO.

#### **Bena Education LLC**

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

Electronic Filing Menu

Corporate Filing Menu

Help

From: Luis Grillo

21/1/25, 10:40 a.m.

# Articles Of Organization For Florida Limited Liability Company

## Article I

The name of the Limited Liability Company is:

Bena Education LLC

#### Article II

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

2 S Biscayne Boulevard Suite 3200 #4995 Miami, Florida, 33131 United States

The mailing address of the Limited Liability Company is:

2 S Biscayne Boulevard Suite 3200 #4995 Miami, Florida, 33131 United States

#### **Article III**

Other provisions, if any:

Any and all lawful business

## **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

Tomas Oscar Benavidez Address: Tacuari 620

Ramos Mejia Buenos Aires Argentina 1704 Fax: +18885334730

To:

Fax: +18506176381 usacorporationservices - USACorporation

Page: 6 of 6

21/01/2025 10:44

## **Article VI**

The effective date for this Limited Liability Company shall be:

01 / 20/ 2025

Tomas Oscar Benavidez

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

Tomas Oscar Benavidez

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.

