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.

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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.

#### Immersivalab LLC

Corporate Filing Menu

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https://efile.sunbiz.org/scripts/efilcovr.exe

Exectronic Filing Menu

550

Help

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# Articles Of Organization For Florida Limited Liability Company

## Article I

The name of the Limited Liability Company is:

Immersivalab LLC

#### Article II

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

2 S Biscayne Boulevard Suite 3200 #4997
Miami, Florida, 33131
United States

The mailing address of the Limited Liability Company is:

2 S Biscayne Boulevard Suite 3200 #4997
Miami, Florida, 33131
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..

## **Article V**

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

Title: MGRM

Diana Ivette Urquiza Flores Address: Xicotencatl 333

México

Ciudad de México

Mexico 04100

Title: MGRM

Juan Santos Castañeda

Address: Doctor Liceaga 180 Edificio A 5 Int 1204

México

Ciudad México

Mexico 06720

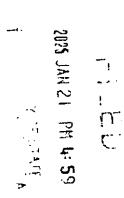
Title: MGRM

Mijael Gutlerrez López Address: Xicotencatl 333

México

Ciudad de México

Mexico 04100



# **Article VI**

The effective date for this Limited Liability Company shall be:

01 / 20/ 2025

## Diana Ivette Urquiza Flores

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

## Diana Ivette Urquiza Flores

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.