heet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

Florida Department of State

(((H25000036749 3)))

H250000367493ABC3

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 : 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:

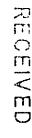
#### FLORIDA LIMITED LIABILITY CO. **BUSINESS SAMS SAS LLC**

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

Electronic Filing Menu Corporate Filing Menu

Help







30/1/25, 1:14 p.m.

# **Articles Of Organization For** Florida Limited Liability Company

## Article I

The name of the Limited Liability Company is:

**BUSINESS SAMS SAS LLC** 

#### Article II

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

2 S Biscayne Boulevard Suite 3200 #5049 Miami, Florida, 33131 **United States** 

The mailing address of the Limited Liability Company is:

2 S Biscayne Boulevard Suite 3200 #5049 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

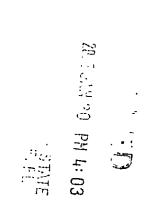
The name and address of each person(s) authorized to manage and control the Limited Liability Company:

Title: MGRM

Nirdia Samara Perea Peña

Address: Calle 94 # 51 B Buru51 Piso 4 Of 12

Barranquilla Atlantico Colombia 080001



Page: 6 of 6

30/01/2025 13:22

# Article VI

The effective date for this Limited Liability Company shall be:

01 / 29/ 2025

Nirdia Samara Perea Peña

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

Nirdia Samara Perea Peña

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.

