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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850)617-6381

From: Account Name : LUPA ENTERPRISES INC  
Account Number : I20200000050  
Phone : (727)560-0307  
Fax Number : (727)914-5090

20 NOV 30 3 58 15

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: INFO@USACORPORATIONSERVICES.COM

**FLORIDA LIMITED LIABILITY CO.  
ACADEMIA DE PROFESIONES PRACTICAS LLC**

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Articles Of Organization For

**Florida Limited Liability Company**

Article I \_\_\_\_\_

The name of the Limited Liability Company is:

ACADEMIA DE PROFESIONES  
PRACTICAS LLC

20 NOV 03 AM 3:26

Article II \_\_\_\_\_

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

600 Cleveland Street  
Suite 393, Office 187  
Clearwater, Florida 33755  
United State of America

The mailing address of the Limited Liability Company is:

600 Cleveland Street  
Suite 393, Office 187  
Clearwater, Florida 33755  
United State of America

Article III \_\_\_\_\_

Other provisions, if any:

Any and all lawful business

Article IV \_\_\_\_\_

The name and Florida street address of the registered agent is:

Lupa Enterprises INC

600 Cleveland Street Suite 393  
Clearwater, Florida 33755  
United State of America



\_\_\_\_\_  
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..

20 NOV 30 AM 2:02

Article V

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

**~~MEMBER~~**

VANESA SOLEDAD SOSA.

Address :

Av Alberdi 1525 - Villa Centenario

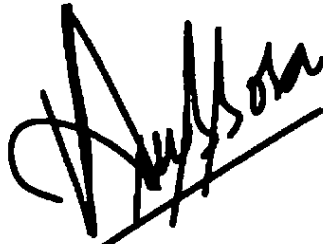
Resistencia - Chaco - Argentina - CP: 3500

20 NOV 2021 14:26

Article VI

The effective date for this Limited Liability Company shall be:

01/01/2021



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

VANESA SOLEDAD SOSA.

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.