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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LUPA ENTERPRISES INC

Account Number : I20200000050 Phone : (727)298-8007 Fax Number : (727)914-5090

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

info@usacorporationservices.com Email Address:

FLORIDA LIMITED LIABILITY CO. HOKEN HELMETS LLC

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Help

Articles Of Organization For Florida Limited Liability Company

Article I

The name of the Limited Liability Company is:

HOKEN HELMETS LLC

Article II

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

600 Cleveland Street Suite 393, Office 511 Clearwater, Florida 33755 United State of America

The mailing address of the Limited Liability Company is:

600 Cleveland Street Suite 393, Office 511 Clearwater, Florida 33755 United State of America

Article III

Other provisions, if any:

Any and all lawful business

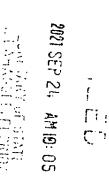
Article IV

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



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: MGR

JULIO CESAR VEYAN SORIANO

Address

AV DE LOS INGENIEROS 974 DPTO 503 - URB VALLE HERMOSO - SURCO

LIMA LIMA PERU 15023

Article VI

The effective date for this Limited Liability Company shall be:

09-23-2021

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

Nio Com Vym Saimo

JULIO CESAR VEYAN SORIANO

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.