

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet  
**L22000348350**

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.

(((H22000269170 3)))



H220002691703ABC\$

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 : (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.\*\*

Email Address: info@usacorporationservices.com

FLORIDA LIMITED LIABILITY CO.  
CARBOFLOC LLC

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

2022 AUG -9 PH 3:21

SECRETARY OF STATE  
FALLASSIST

SECRETARY OF STATE  
FALLASSIST

22 AUG -9 AM 4:38

FILED

# Articles Of Organization For Florida Limited Liability Company

## Article I

The name of the Limited Liability Company is:

CARBOFLOC LLC

## Article II

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

**1900 N Bayshore Dr., Suite 1A #136-1195  
Miami, Florida, 33132  
United State of America**

The mailing address of the Limited Liability Company is:

**1900 N Bayshore Dr., Suite 1A #136-1195  
Miami, Florida, 33132  
United State of America**

## Article III

Other provisions, if any:

**Any and all lawful business**

22 AUG -9 AM 4: 38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

## Article IV

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

**Lupa Enterprises INC  
100 SE 2nd Street Suite 2000  
Miami, Florida 33131  
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..

22 AUG -9 AM 4:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

## Article V

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

**Title: MGR**

ODDO ANTONCICH HERNAN RAFAEL

**Address**

Felix de Amesti 829, Las Condes  
Santiago  
Metropolitana  
Chile  
7580323

22 AUG -9 AM 4:39  
SECRETARY OF STATE  
FALLAHASSEE, FL 32611

FILED

## Article VI

The effective date for this Limited Liability Company shall be:

08-09-2022

---

*Oddo Antoncich Hernan Rafael*

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

**ODDO ANTONCICH HERNAN RAFAEL**

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.

22 AUG -9 AM 4:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED