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14/10/20

Division of Corporations

Florida Department of State

Division of Corporations

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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)298-8007

\*\*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.

Lola Creative solutions LLC.

Certificate of Status	0
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NUMBER

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JHarrin's  
11/12/20

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

**Article I**

The name of the Limited Liability Company is:

**Lola Creative solutions  
LLC.**

**Article II**

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

**600 Cleveland Street  
Suite 393, Office 152  
Clearwater, Florida 33755  
United State of America**

The mailing address of the Limited Liability Company is:

**600 Cleveland Street  
Suite 393, Office 152  
Clearwater, Florida 33755  
United State of America**

**Article III**

Other provisions, if any:

**Any and all lawful business**

FILED

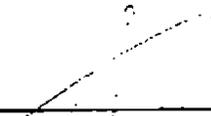
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**Article IV**

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..

**Article V**

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

**Title: MGR**  
**Dolores Madero**  
**Arias 2917, Victoria, San Fernando,**  
**Buenos Aires - Argentina. CP B1644**

**Article VI**

The effective date for this Limited Liability Company shall be:

**10/14/2020**



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

**Dolores Madero**

\_\_\_\_\_  
 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.