

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.

(((H21000434366 3)))



H210004343663A8C3

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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. \*\*

Email Address: info@usacorporationservices.com

#### FLORIDA LIMITED LIABILITY CO. SC SOCIETY LLC

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

Electronic Filing Menu Corporate Filing Menu

Help

# Articles Of Organization For Florida Limited Liability Company

#### Article I

The name of the Limited Liability Company is:

SC SOCIETY LLC

# **Article II**

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

600 Cleveland Street
Suite 393, Office 597
Clearwater, Florida 33755
United State of America

The mailing address of the Limited Liability Company is:

600 Cleveland Street Suite 393, Office 597 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 certificated 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

Gustavo Alejandro Soto Corado

**Address** 

48 Av. Club Residencial Terrazas de Villa Flores Zona 7 de San Miguel Petapa

Guatemala Guatemala Guatemala 01066

2021 NOV 29 PM 2: 47

,"; ;

#### **Article VI**

The effective date for this Limited Liability Company shall be:

# 01-01-2022

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

Gtown Ajanko Sto Caroli

#### Gustavo Alejandro Soto Corado

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.