

# L22000318401

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

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Account Name : LUPA ENTERPRISES INC  
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CORPORATIONS  
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## FLORIDA LIMITED LIABILITY CO. C.A. Rubio LLC

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

2022 JUL 19 AM 2:32

# Articles Of Organization For Florida Limited Liability Company

## Article I

The name of the Limited Liability Company is:

C.A. Rubio LLC

## Article II

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

**600 Cleveland Street, Suite 294, Office 473  
Clearwater, Florida 33755  
United States of America**

The mailing address of the Limited Liability Company is:

**600 Cleveland Street, Suite 294, Office 473  
Clearwater, Florida 33755  
United States of America**

## Article III

Other provisions, if any:

**Any and all lawful business**

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## **Article IV**

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

**Lupa Enterprices INC  
100 SE 2nd Street Suite 2000  
Miami, Florida 33131  
United State of America**



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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..

JUL 19 2022  
19:33:52

## **Article V**

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

**Title: MGR**

Maria Lujan Rubio

**Address**

Azcuenaga 1238

Mar del Plata

Buenos Aires

ARGENTINA

7600

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## **Article VI**

The effective date for this Limited Liability Company shall be:

**07-19-2022**

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*Maria Lujan Rubio*

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

**Maria Lujan Rubio**

\_\_\_\_\_  
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.

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