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.

(((H22000312785 3)))



H220003127853ABC/

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 : (727)298-8007 Phone 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. LOS BUSLEI 22 LLC

Certificate of Status	0
Certified Copy	0
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:

LOS BUSLEI 22 LLC

## **Article II**

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

600 Cleveland Street, Suite 294, Office 485
Clearwater, Florida 33755
United State of America

The mailing address of the Limited Liability Company is:

600 Cleveland Street, Suite 294, Office 485
Clearwater, Florida 33755
United State of America

## **Article III**

Other provisions, if any:

Any and all lawful business

2022 SEP -9 AH 6: 43

## **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..

2022 SEP -9 AM 6: 43

## **Article V**

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

Title: MGR GUSTAVO ADOLFO BUSLAIMAN Address NUEVA YORK 2430 CABA

ARGENTINA 1419

2022 SEP -9 AM 6: 43

199 SEP - 9 NM 6: L'

## **Article VI**

The effective date for this Limited Liability Company shall be:

09-09-2022

Gustavo Adolfo Buslaiman
Signature of a member or arrauthorized representative of a member.

#### GUSTAVO ADOLFO BUSLAIMAN

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.

2022 SEP -9 AM 6: 43