

P200000021420  
77298807  
Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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.

((H20000073589 3))



H200000735893ABC1

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

FILED  
2020 MAR 11 AM 9:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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 PROFIT/NON PROFIT CORPORATION  
AMRRUK GOLD FISH

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$78.75

FILED  
2020 MAR 11 PM 1:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Handwritten signature and date: 2020/03/11*

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**

The name of the corporation shall be: AMRRUK GOLD FISH INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
900 CLEVELAND ST. STE 383.  
CLEARWATER, FL 33755

Mailing address, if different is:

SAME OF PRINCIPAL

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: IMPORT AND EXPORT OF FISH

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Jorge Alfonso Figueroa Fernandez. Pte Name and Title: \_\_\_\_\_  
Address Av. Antonio Almela N°11, P11 Address: \_\_\_\_\_  
Puerta 2, 46250, Valencia, \_\_\_\_\_  
España \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FILED  
2020 MAR 11 AM 9:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
 Address \_\_\_\_\_ Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Lupa Enterprises Inc. Luciana Mordini  
 Address: 4 North Jupiter Ave  
CLEARWATER, FL 33755

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Luciana Mordini  
 Address: 4 North Jupiter Ave  
CLEARWATER, FL 33755

FILED  
 2020 MAR 11 AM 9:10  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

Luciana Mordini  
 Required Signature/Registered Agent

03/05/2020  
 Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the 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.*

Luciana Mordini  
 Required Signature/Incorporator

03/05/2020  
 Date