9/3/2020 Division of Corporations

L20000071831

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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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.
AMERICAN TRANSPORT CHP LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	$125.00

2020 MAR -9 PM 12:42

Electronic Filing Menu Corporate Filing Menu Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

AMERICAN TRANSPORT CHP LLC
(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	**Mailing Address:**
4 NORTH JUPITER AVE	SAME OF PRINCIPAL
AP # 31 CLEARWATER	
FL, 33755	

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

LUPA ENTERPRISES
Name

4 NORTH JUPITER AVE
Florida street address (P.O. Box **NOT** acceptable)

CLEARWATER FL 33755
City State Zip

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..

Lucions Mordini
Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-
The name and address of each person authorized to manage and control the Limited Liability Company:

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
MGR	CASTELLANOS RAMIREZ RUBEN DARIO LAU 17-29 ZONA 1 de MIXCO GUATEMALA (01.007 CE)
AMBR	GALGANO GALGANO LOTE 8 TRONCO 1 ZONA 2 MIXCO GUATEMALA 01007 CF

(Use attachment if necessary)

ARTICLE V: 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 business days prior to or 90 days after the date of 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.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

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

Ruben Dario Castellanos Ramirez
Typed or printed name of signee

Filing Fees:
$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
$ 30.00 Certified Copy (Optional)
$ 5.00 Certificate of Status (Optional)