

21/5/2020

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Division of Corporations
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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 PROFIT/NON PROFIT CORPORATION
ImpoTech Five Inc.

Certificate of Status	0
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Corporate Filing Menu

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MAY 27 2020

May 26 20, 03:02p

Lupa Enterprises INC

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5/22/2020 10:44:44 AM

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1/001 Fax Server



May 22, 2020

FLORIDA DEPARTMENT OF STATE
Division of Corporations

LUPA ENTERPRISES

SUBJECT: IMPOTECH FIVE INC.
REF: W20000050707

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

List the title for the Officers/Directors.

THE TITLE FOR THE OFFICERS/ DIRECTORS ARE READY.PLEASE CHECK. THANKS VERY MUCH

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan
Regulatory Specialist II

FAX Aud. #: H20000151937
Letter Number: 420A00010334

P.O BOX 6327 - Tallahassee, Florida 32314

2020 - MAY 21
11:53:21
FAXED

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: ImpoTech Five inc.**ARTICLE II PRINCIPAL OFFICE**Principal street address
600 CLEVELAND ST. STE 393.
CLEARWATER, FL 33755

Mailing address, if different is:

SAME OF PRINCIPAL**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: Import, Export, and sales of equipment of Technology by
Internet.**ARTICLE IV SHARES**The number of shares of stock is: 1500**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Dario Martin, Isso. PTEName and Title: Maria Laura, Pipino. VPTAddress: Humberto Primo 797, Centro
Rio Cuarto -Cordoba - Argentina
Zip Code 5800Address: Humberto Primo 797, Centro
Rio Cuarto -Cordoba - Argentina
Zip Code 5800Name and Title: Nazareno Angel, Isso. - MgrName and Title: Agostina Belen, Maldonado. MgrAddress: Humberto Primo 797, Centro
Rio Cuarto -Cordoba - Argentina
Zip Code 5800Address: Humberto Primo 797, Centro
Rio Cuarto -Cordoba - Argentina
Zip Code 5800Name and Title: Sofia Jazmin, Isso. MgrName and Title: Federico Martin, Isso. MgrAddress: Humberto Primo 797, Centro
Rio Cuarto -Cordoba - Argentina
Zip Code 5800Address: Humberto Primo 797, Centro
Rio Cuarto -Cordoba - Argentina
Zip Code 5800

Name and Title: Ignacio Agustin, Issso. Mgr Name and Title: _____
Address: Humberto Primo 797, Centro Address: _____
Rio Cuarto -Cordoba - Argentina _____
Zip Code 5800 _____

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

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 _____ 05/21/2020
Required Signature/Registered Agent 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 _____ 05/21/2020
Required Signature/Incorporator Date