

30/7/2020

L2000214658
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.

(((H20000252549 3)))



H200002525493ABC5

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 : 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.
OIP IMPORT & EXPORT LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

SECRETARY OF STATE
TALLAHASSEE FLORIDA

2020 JUL 30 PM 12: 22

FILED

SECRETARY OF STATE
TALLAHASSEE FLORIDA

2020 JUL 30 PM 4: 47

RECEIVED

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:

**OIP IMPORT & EXPORT
LLC**

Article II

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

**600 Cleveland Street
Suite 393, Office 125
Clearwater, Florida 33755
United State of Amercia**

The mailing address of the Limited Liability Company is:

**600 Cleveland Street
Suite 393, Office 123
Clearwater, Florida 33755
United State of Amercia**

Article III


Other provisions, if any:

Any and all lawful business

Article IV

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

Lupa Enterprises INC
600 Cleveland Street Suite 393
Clearwater, Florida 33755
United State of Amercia



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..

Article V

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

Title: MGR
AVILA CRUZ OSWALDO
Jr Pachacutec 1527 Jesús Maria
Lima - Perú - Zip Code 15072

Article VI

The effective date for this Limited Liability Company shall be:

07/30/2020

FILED

2020 JUL 30 PM 12: 22

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



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

AVILA CRUZ OSWALDO

Name of signer

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.