

3/6/2020

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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.

AutoEffecto LLC

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

20 AUG -5 PM 3:27

DIVISION OF CORPORATIONS  
SUPERIOR COURT  
CLERK'S OFFICE

2020 AUG -5 PM 1:37

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Corporate Filing Menu

Help

# **Articles Of Organization For Florida Limited Liability Company**

## **Article I**

The name of the Limited Liability Company is:

**AutoEfecto LLC**

## **Article II**

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

**600 Cleveland Street  
Suite 393, Office 124  
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:

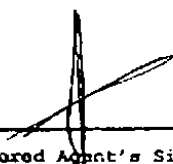
**Any and all lawful business**

## **Article IV**

20200805 09:21

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**  
**Baccaro Juan Gabriel**  
**25 de mayo 7132 3**  
**Mar del Plata- Argentina**  
**CP 7600**

**Title: MGR**  
**Prieto Erica Carolima**  
**San José de Calasanaz 508**  
**Mar del Plata- Argentina**  
**CP 7600**

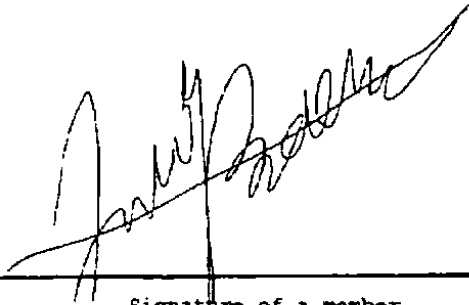
2020-08-05 11:05:27

## **Article VI**

The effective date for this Limited Liability Company shall be:

**07/29/2020**

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A handwritten signature in black ink, appearing to read "Juan Gabriel Baccaro", is written over a horizontal line.

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

**Baccaro Juan Gabriel**

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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.