

Florida Department of State
Division of Corporations
Filing Cover Sheet

L2000372556

Note: Please print this page and use it as a cover sheet (shown below) on the top and bottom of all pages of the document.

((H20000410661 3)))



H200004106613ABCU

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)914-5090

****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.

Casa Mackenna LLC

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

DEC 08 2020

1 SCOT

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:

Casa Mackenna LLC

Article II

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

600 Cleveland Street
Suite 393, Office 190
Clearwater, Florida 33755
United State of America

The mailing address of the Limited Liability Company is:

600 Cleveland Street
Suite 393, Office 190
Clearwater, Florida 33755
United State of America

Article III

Other provisions, if any:

Any and all lawful business

FILED
2020 DEC -7 AM 10:21
STATE
OF FLORIDA

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 America



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:

~~Titles~~**MGR**

Tatiana Beatriz Soto Vasquez.

~~Address:~~

Alejandro serani norte 9426, dpto 1201
vitacura, Santiago, CHILE .

~~Titles~~**MGR**

Héctor Jared Álvarez Iturra.

~~Address:~~

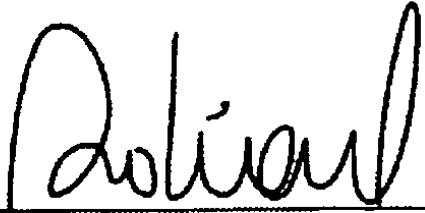
Alejandro serani norte 9426,dpto 1201
vitacura, Santiago, CHILE .

Article VI _____

The effective date for this Limited Liability Company shall be:

01/01/2021

.....



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

Tatiana Beatriz Soto Vasquez.

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.