

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet  
**L20000372612**

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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)914-5090

2020 DEC -7 PM 1:11

2020 DEC -7 AM 10:43  
STATE  
FLORIDA

\*\*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.  
Fraxchem LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
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DEC 08 2020

T. SCOTT

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:

Fraxchem LLC

Article II \_\_\_\_\_

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

600 Cleveland Street  
Suite 393, Office 193  
Clearwater, Florida 33755  
United State of America

The mailing address of the Limited Liability Company is:

600 Cleveland Street  
Suite 393, Office 193  
Clearwater, Florida 33755  
United State of America

Article III \_\_\_\_\_

Other provisions, if any:

Any and all lawful business

2020 DEC -1  
AM 10:43  
STATE  
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

A handwritten signature in black ink, consisting of several overlapping, slanted strokes that form a stylized, abstract shape.

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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:

**MEMBER**

Raúl Renato, Recalde Medina

**Address**

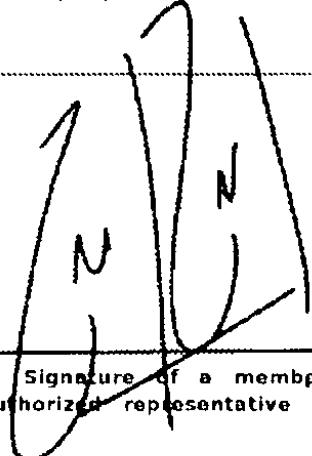
Vía a los Arrayanes. Villa Fontana lote 40B  
Puembo - Pichincha  
Quito - Ecuador. CP: 170179

Article VI

The effective date for this Limited Liability Company shall be:

01/01/2020

.....



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

Raúl Renato Recalde Medina

\_\_\_\_\_  
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.