

5/4/2021

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División de Corporaciones

Departamento de Estado de Florida
División de Corporaciones
Hoja de presentación de presentación electrónica

Nota: imprima esta página y utilicela como portada. Escriba el número de auditoría de fax (que se muestra a continuación) en la parte superior e inferior de todas las páginas del documento.

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Nota: NO presione el botón ACTUALIZAR / RECARGAR en su navegador desde esta página. Hacerlo generará otra portada.

Para:

División de Corporaciones
Número de fax: (850)617-6381

Desde:

Nombre de cuenta: LUPA ENTERPRISES INC
Número de cuenta: 120200000050
Teléfono: (727)298-8007
Número de fax: (727)914-5090

** Ingrese la dirección de correo electrónico de esta entidad comercial que se utilizará en el futuro para los envíos de informes anuales. Ingrese solo una dirección de correo electrónico, por favor.

Dirección de correo electrónico: INFO@USACORPORATIONSERVICES.COM

FLORIDA LIMITED LIABILITY CO.

Camhi5 LLC

Certificado de estado	0
Copia certificada	0
Recuento de páginas	05
Cargo estimado	125,00 \$

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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2021 APR -5 PM 5:00

Menú de archivo electrónico

Menú de archivo corporativo

Ayudar

Articles Of Organization For Florida Limited Liability Company

Article I

The name of the Limited Liability Company is:

Camhi5 LLC

Article II

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

**600 Cleveland Street
Suite 393, Office 267
Clearwater, Florida 33755
United State of America**

The mailing address of the Limited Liability Company is:

**600 Cleveland Street
Suite 393, Office 267
Clearwater, Florida 33755
United State of America**

Article III

Other provisions, if any:

Any and all lawful business

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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..

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Article V

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

Title: MGR

Luis Camhi Pardo

Address

Calle Vista Horizonte #11 Colonia Greenhouse
Mexico
Mexico
Mexico
52779

Title: MGR

Leticia Levy Behar

Address

Calle Vista Horizonte #11 Colonia Greenhouse
Mexico
Mexico
Mexico
52779

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Article VI

The effective date for this Limited Liability Company shall be:

2021-04-02

Luis Camhi Pardo

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

Luis Camhi Pardo

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.

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