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

Nota: imprima esta página y utilícela 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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2021 APR 13 AM 6:54
TALLAHASSEE, FL

A:

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

De:

Nombre de cuenta: LUPA ENTERPRISES INC
Número de cuenta: I20200000050
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 envíos de informes anuales. Ingrese solo una dirección de correo electrónico, por favor. **

Dirección de correo electrónico: INFO@USACORPORATIONSERVICES.COM

2021 APR 13 PM 4:19

FLORIDA LIMITED LIABILITY CO.

DARK FALCON LLC

Certificado de estado	0
Copia certificada	0
Recuento de páginas	04
Cargo estimado	125,00 $

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:

DARK FALCON LLC

Article II

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

600 Cleveland Street
Suite 393, Office 277
Clearwater, Florida 33755
United State of America

The mailing address of the Limited Liability Company is:

600 Cleveland Street
Suite 393, Office 277
Clearwater, Florida 33755
United State of America

Article III

Other provisions, if any:

Any and all lawful business

2021 APR 13 AM 6:54

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:

Title: MGR
JORGE LUIS SONNANTE
Address
GUAYAQUIL 639 PB
CIUDAD AUTONOMA DE BUENOS AIRES
BUENOS AIRES
ARGENTINA
1424

Title: MGR
ANDREA PATRICIA TOTH
Address
GUAYAQUIL 639
CIUDAD AUTONOMA DE BUENOS AIRES
BUENOS AIRES
ARGENTINA
1424

Article VI

The effective date for this Limited Liability Company shall be:

2021-04-08

JORGE LUIS SONNANTE

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

JORGE LUIS SONNANTE

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.