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 Florida Department of State  
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To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : LUPA ENTERPRISES INC  
Account Number : I20200000050  
Phone : (727)298-8007  
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@UGACORPORATIONSERVICES.COM](mailto:INFO@UGACORPORATIONSERVICES.COM)

**FLORIDA LIMITED LIABILITY CO.  
MANDEL ENTERPRISES LLC**

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

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Corporate Filing Menu

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2021 APR 14 AM 7:50

2021 APR 14 PM 12:53

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

## **Article I**

The name of the Limited Liability Company is:

**MANDEL ENTERPRISES LLC**

## **Article II**

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

**600 Cleveland Street  
Suite 393, Office 272  
Clearwater, Florida 33755  
United State of America**

The mailing address of the Limited Liability Company is:

**600 Cleveland Street  
Suite 393, Office 272  
Clearwater, Florida 33755  
United State of America**

## **Article III**

Other provisions, if any:

**Any and all lawful business**

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CLERK OF DISTRICT COURT  
JANUARY 14, 2021

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CLERK OF DISTRICT COURT  
JANUARY 14, 2021

## 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**



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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..

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ALLENHILL, FL  
DATE

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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**

Marcelo Enrique Pinto

**Address**

Gorriti y Almafuerde UF2370 Country Banco Provincia  
Francisco Alvarez, Moreno  
Buenos Aires  
Argentina  
1746

**Title: MGR**

Carla Leonella Bonanno

**Address**

Almafuerde 3901 C C Banco Provincia UF2370  
Francisco Alvarez, Moreno  
Buenos Aires  
Argentina  
1746

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CALCUTTA, INDIA

## **Article VI**

The effective date for this Limited Liability Company shall be:

**04/14/2021**

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*Marcelo Enrique Pinto*

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

**Marcelo Enrique Pinto**

\_\_\_\_\_  
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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VALUATION

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