# 21000316334

#### Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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

(((H21000265443 3)))



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 : 120200000050 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@usacorporationservices.com

#### FLORIDA LIMITED LIABILITY CO. SKY OUT JVF LLC

(политенния пистем при	MINION TO THE PROPERTY OF THE PARTY OF THE P
Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help



-53

## Articles Of Organization For Florida Limited Liability Company

#### **Article I**

The name of the Limited Liability Company is:

SKY OUT JVF LLC

#### Article II

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

600 Cleveland Street Suite 393, Office 406 Clearwater, Florida 33755 United State of America

The mailing address of the Limited Liability Company is:

600 Cleveland Street Suite 393, Office 406 Clearwater, Florida 33755 United State of America

#### Article III

Other provisions, if any:

Any and all lawful business

#### **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



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

JUAN FRANCISCO JAVIER VENEGAS IRRIBARRA

Address

av santa marta 6650 depto 31 a santiago metropolitana Chile 3830000

21 JUL -9 PH 12: 43

#### **Article VI**

The effective date for this Limited Liability Company shall be:

07/09/2021

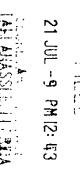
JUAN FRANCISCO JAVIER VENEGAS IRRIBARRA

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

#### JUAN FRANCISCO JAVIER VENEGAS IRRIBARRA

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.



3.,1