

**L7100037183435605**

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.**

((H21000371834 3)))



H210003718343ABC3

**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 : 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@usacorporationservices.com

**FLORIDA LIMITED LIABILITY CO.**

**Alto Sur international LLC**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$125.00

5/10/21 10:59

FILED  
OCT -5 PM 1:37  
TALLAHASSEE, FL

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:

**Alto Sur international LLC**

## **Article II**

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

**600 Cleveland Street  
Suite 393, Office 520  
Clearwater, Florida 33755  
United State of America**

The mailing address of the Limited Liability Company is:

**600 Cleveland Street  
Suite 393, Office 520  
Clearwater, Florida 33755  
United State of America**

## **Article III**

Other provisions, if any:

**Any and all lawful business**

**FILED**  
2021 OCT -5 PM 1:37  
TALLAHASSEE, FL

## **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..

**FILED**  
2021 OCT -5 PM 1:37  
TALLAHASSEE, FL

## **Article V**

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

**Title: MGR**

Mendez Luis Juan Carlos

**Address**

Lanin 1597

Neuquen

Neuquén

Argentina

8300

**Title: MGR**

Belzunegui Díaz Romina Lorena

**Address**

Río Chubut 1708

Cipolletti

Río Negro

Argentina

8324

FILED  
FALL 2021  
TALLAHASSEE, FL

2021 OCT -5 PM 1:37

FILED

## Article VI

The effective date for this Limited Liability Company shall be:

10-05-2021

---

*Mendez Luis Juan Carlos*

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

**Mendez Luis Juan Carlos**

\_\_\_\_\_  
Name of signee

FILED  
2021 OCT -5 PM 1:37  
TALLAHASSEE, FL

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.