

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet
H22000001516

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.

((H22000001417 3)))



H220000014173ABCR

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.
INDUSCO LLC**

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

Electronic Filing Menu

Corporate Filing Menu

Help

2021 JAN -3 PM 1:06
2021 JAN -3 AM 4:19
FILED
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

Articles Of Organization For Florida Limited Liability Company

Article I

The name of the Limited Liability Company is:

INDUSCO LLC

Article II

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

**600 Cleveland Street
Suite 393, Office 658
Clearwater, Florida 33755
United State of America**

The mailing address of the Limited Liability Company is:

**600 Cleveland Street
Suite 393, Office 658
Clearwater, Florida 33755
United State of America**

Article III

Other provisions, if any:

Any and all lawful business

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2021 JAN -3 AM 4:19

FILED

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 JAN -3 AM 4:19
TALLAHASSEE, FLORIDA

Article V

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

Title: MGR

NICOLÁS GUILLERMO ABARCA FIGUEROA

Address

MEMBRILLAR 50 OFICINA 39

Rancagua

O'Higgins

Chile

2840669

FILED

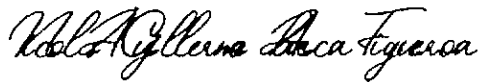
2021 JAN -3 AM 4:19

CLERK OF COURT
TALLAHASSEE, FLORIDA

Article VI

The effective date for this Limited Liability Company shall be:

01-01-2022



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

NICOLÁS GUILLERMO ABARCA FIGUEROA

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.

2021 JAN -3 AM 4:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED