

Florida Department of State

Division of Corporations  
Electronic Filing Cover Sheet

L2200020053

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.

((H22000023009 3)))



H220000230093ABCS

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.  
CRABOOM SOLUTIONS LLC

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

HL

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2022 JAN 18 PM 4:39

FILED

2022 JAN 18 PM 12:54

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:

**CRABOOM SOLUTIONS LLC**

## **Article II**

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

**600 Cleveland Street  
Suite 393, Office 689  
Clearwater, Florida 33755  
United State of America**

The mailing address of the Limited Liability Company is:

**600 Cleveland Street  
Suite 393, Office 689  
Clearwater, Florida 33755  
United State of America**

**FILED**  
**2022 JAN 18 PM 4:35**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

## **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**



---

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**  
**2022 JAN 18 PM 4:35**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

## **Article V**

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

**Title: MGR**

VICTOR FABRIS VELASQUEZ

**Address**

AV. CASUARINAS 351, SURCO

LIMA

LIMA

PERU

15023

FILED  
2022 JAN 18 PM 4:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## **Article VI**

The effective date for this Limited Liability Company shall be:

**01-18-2022**

---

*Victor Fabris Velasquez*

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

**VICTOR FABRIS VELASQUEZ**

\_\_\_\_\_  
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. 817.11, F.S.

2022 JAN 18 PM 4:35  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

FILED