

3/22 4:46

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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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

*Handwritten signature and date: 3/1/22*

\*\*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.  
D'PROVEE LLC**

Certificate of Status	0
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STATE

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Corporate Filing Menu

Help

# Articles Of Organization For Florida Limited Liability Company

## Article I

The name of the Limited Liability Company is:

**D'PROVEE LLC**

## Article II

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

**600 Cleveland Street  
Suite 393, Office 794  
Clearwater, Florida 33755  
United State of America**

The mailing address of the Limited Liability Company is:

**600 Cleveland Street  
Suite 393, Office 794  
Clearwater, Florida 33755  
United State of America**

## Article III

Other provisions, if any:

**Any and all lawful business**

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**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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## Article V

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

**Title: MGR**

Sindulfo Choquehuanca Minga

**Address**

Patricia 8973

Las condes

Santiago

Chile

7600502

**Title: MGR**

María José Choquehuanca Rojas

**Address**

Patricia 8973

Las Condes

Santiago

Chile

7600502

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## **Article VI**

The effective date for this Limited Liability Company shall be:

**03-01-2022**

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*Sindulfo Choquehuanca Minga*

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

**Sindulfo Choquehuanca Minga**

\_\_\_\_\_  
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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