

**L22000158115**  
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.**

(((H22000136307 3)))



H220001363073ABCY

**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.  
SummerGlass USA LLC**

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

HL

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2022 APR 14 AM 9:51

FILED

RECEIVED

2022 APR 14 PM 3:40

CORPORATIONS  
COMMERCIAL  
SERVICES

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:

SummerGlass USA LLC

## Article II

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

**114 NW 25th Street  
Suite 33, Office 865  
Miami, Florida 33127  
United State of America**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2022 APR 14 AM 9:51

FILED

The mailing address of the Limited Liability Company is:

**114 NW 25th Street  
Suite 33, Office 865  
Miami, Florida 33127  
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  
100 SE 2nd Street Suite 2000  
Miami, Florida 33131  
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 APR 14 AM 9:51  
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**

Robert Orlando Chuy Silva

**Address**

calle 80 ph sky level apto 5b

Panama

Panama

Panama

00507

FILED  
2022 APR 14 AM 9:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## **Article VI**

The effective date for this Limited Liability Company shall be:

**04-13-2022**

---



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

**Robert Orlando Chuy Silva**

\_\_\_\_\_  
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.

FILED  
2022 APR 14 AM 9:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA