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.

(((H22000363904 3)))



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 : (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. **IBERIAN WOLF LLC**

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

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:

**IBERIAN WOLF LLC** 

#### **Article II**

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

1900 N Bayshore Dr., Suite 1A #136-1427 Miami, Florida, 33132 United State of America

The mailing address of the Limited Liability Company is:

1900 N Bayshore Dr., Suite 1A #136-1427 Miami, Florida, 33132 United State of America

#### Article III

Other provisions, if any:

Any and all lawful business

22 OCT 24 PM I2: 35

#### **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..

22 OCT 24 PM I2: 35

### **Article V**

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

Title: MGR

ENZZO CARLO ARBOCCO SCHULER

Address

JIRON LOS CEDRONES 224 URBANIZACION SIRUS APTO 301

LIMA

LA MOLINA

**PERU** 

15012

Title: MGR

ENZZO CARLO ARBOCCO SALCEDO

**Address** 

JIRON LOS CEDRONES 224 URBANIZACION SIRUS APTO 301

LIMA

LA MOLINA

**PERU** 

15012

22 OCT 24 PH I2: 3

## **Article VI**

The effective date for this Limited Liability Company shall be:

10-20-2022

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

Eggo Calo Locco Shler

#### **ENZZO CARLO ARBOCCO SCHULER**

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.

22 00T 24 PM I2: 35