

22/11/22, 17:01

Division of Corporations

L22000495104

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.

((H22000398131 3)))



H220003981313ABC3

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 : 120200000050
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

2022-11-22 PM 4:46

FLORIDA LIMITED LIABILITY CO.
Restbie LLC

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

22 NOV 22 PM 12:35

Electronic Filing Menu

Corporate Filing Menu

Help

Handwritten signature

Articles Of Organization For Florida Limited Liability Company

Article I

The name of the Limited Liability Company is:

Restbie LLC

Article II

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

**1900 N Bayshore Dr Suite 1A #136-1579
Miami, Florida, 33132
United States**

The mailing address of the Limited Liability Company is:

**1900 N Bayshore Dr Suite 1A #136-1579
Miami, Florida, 33132
United States**

Article III

Other provisions, if any:

Any and all lawful business

22 NOV 22 11:12:35
RESTBIE LLC
1900 N BAYSHORE DR SUITE 1A
MIAMI, FL 33132

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 States**



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 NOV 22 PM 12:35
NOV 22 2022
10:46:43 AM
1.727.914.5090

Article V

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

Title: MGRM

Julio Angel Garcia

Address:

Calle los Alpes esquina laureles apartamento 202

residencial laureles del cerro III Vista hermosa

Santo Domingo

Santo Domingo este

Dominican Republic

11517

Title: MBR

Anny Massiel Restituyo de Garcia

Address:

calle capotillo 45

Restauración

Dajabón

Dominican Republic

63300

11/22/2022 11:12:35
11/22/2022 11:12:35
11/22/2022 11:12:35

Article VI

The effective date for this Limited Liability Company shall be:

01 / 02 / 2023

Julio Angel Garcia

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

Julio Angel Garcia

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 NOV 22 PM 12:35
10:46:43 AM EST
10:46:43 AM EST