

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L23000043165

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.

((H23000034492 3)))



H230000344923ABC.

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.

RusticIT LLC

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

2023 7 7 11:04

[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:

RusticIT LLC

Article II

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

**1900 N Bayshore Dr Suite 1A #136 -1809
Miami, Florida, 33132
United States**

The mailing address of the Limited Liability Company is:

**1900 N Bayshore Dr Suite 1A #136-1809
Miami, Florida, 33132
United States**

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 States

Luciana Mordini

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..

Article V

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

Title: MGRM

Saulo Gabriel Vargas

Address: Pueyrredon 3733 Olavarria BA CP 7400

Olavarria

Buenos Aires

Argentina

7400

Article VI

The effective date for this Limited Liability Company shall be:

01 / 24/ 2023

Saulo Gabriel Vargas

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

Saulo Gabriel Vargas

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.