## 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.

(((H230000625513)))



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. CR CERTICORP 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:

#### CR CERTICORP LLC

#### Article II

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

1900 N Bayshore Dr Suite 1A #136 -1918 Miami, Florida, 33132 United States

The mailing address of the Limited Liability Company is:

1900 N Bayshore Dr Suite 1A #136-1918
Miami, Florida, 33132
United States

#### **Article III**

Other provisions, if any:

Any and all lawful business

ري

Zoho Creator - USACorporation

#### **Article IV**

The name and Florida street address of the registered agent is:

#### USA CORPORATION SERVICES

Lupa Enterprises INC

100 SE 2nd Street Suite 2000 Miami, Florida, 33131 United States

+1 (727) 298-8007
info@usacorporationservices.com

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..

### <u>Article V</u>

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

Title: MGR

Juan Pablo Villalva Chavez

Address: Huancavilca y Valdivia Esq

Quito Pichincha Ecuador 170147

ري. ا

#### **Article VI**

The effective date for this Limited Liability Company shall be:

02 / 16/ 2023

Juan Pablo Villalva Chavez

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

Juan Pablo Villalva Chavez

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 fellowy as provided for in s.817.155. F.S.