

13/4/2020

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : LUPA ENTERPRISES INC
Account Number : 120200000050
Phone : (727)560-8307
Fax Number : (727)298-8007

SECRETARY OF STATE
JAIL AHASSEE, FLORIDA

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****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 PROFIT/NON PROFIT CORPORATION

ReCool Inc

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

2020 APR 13 PM 3:27

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Corporate Filing Menu

Help

2020
4/13/2020

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAMEThe name of the corporation shall be: ReCool INC**ARTICLE II PRINCIPAL OFFICE**Principal street address
600 CLEVELAND ST. STE 393.
CLEARWATER, FL 33755

Mailing address, if different is:

SAME OF PRINCIPAL**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: To import, to export, to sell, to distribute ecological products
and health & medical resources .**ARTICLE IV SHARES**The number of shares of stock is: 1500**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: ANIBAL ESTEBAN PASTOR. PTEAddress: Mallati 7525, Las Condes,SANTIAGO DE CHILECHILE. ZIP CODE 7571490Name and Title: FER CREACIONES SA. MNGAddress: Eliodoro Yañez 2675, Providencia,SANTIAGO DE CHILECHILE. ZIP CODE 7510426

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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CLERK OF COURT
TALLAHASSEE, FLORIDA

Name and Title: _____ Name and Title: _____
 Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Lupa Enterprises Inc. Luciana Mordini
 Address: 4 North Jupiter Ave
CLEARWATER, FL 33755

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Luciana Mordini
 Address: 4 North Jupiter Ave
CLEARWATER, FL 33755

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

Luciana Mordini

Required Signature/Registered Agent

04/09/2020

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the 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.

Luciana Mordini

Required Signature/Incorporator

04/09/2020

Date

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 APR 13 2020
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