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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : RICHARDS & ASSOCIATES, PA.

Account Number : I20110000091 Phone : (305)858-9900 Fax Number : (305)285-0015

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_\_\_\_

## FLORIDA PROFIT/NON PROFIT CORPORATION MACARANNY CORP.

Certificate of Status	0
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**CFR 2 1 2020** 

T. SCOTT

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# COVER LETTER

Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassec, FL 32314

SUBJECT: MACA	RANNY CORP.		
	(PROPOSED CORPOR	TE NAME - MUST INCL	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the art	ticles of incorporation and	a check for:
□ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee. & Certified Copy	☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL CO	PY REQUIRED
_	ORLD CORPORATE SERVIC Name 35 S BAYSHORE DRIVE SUIT	(Printed or typed)	
<del></del> -		Address	
<u>MI</u>	AMI, FL 33133	State & Zip	
305	5-858-9900		
`	Daytime T	elephone number	
EDI	AZ@RICHARDS-LAW.COM		
	E-mail address: (to be used	for future annual report no	otification)

NOTE: Please provide the original and one copy of the articles.

### To: 18506176381 Page 3 of 4

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

<u>LLEII PK</u>	<u>INCIPAL OFFICE</u>			
Principal street address		Mailing add	ess if different in	
BAYSHORE DRIV FL 33133	VE SUITE 703	Mailing address, if different is:		
CLEIN DI	BROGE			
CLE III PU rpose for whi	ch the corporation is organized is: Any ar	d all lawful business		
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			<del></del>	
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CLE IV SH.	ARFC			
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mber of shares	s of stock is: 100	·····		
mber of shares	TIAL OFFICERS AND/OR DIRECTORS	<del></del>		
mber of shares	TIAL OFFICERS AND/OR DIRECTORS	Name and Title:		
mber of shares	TIAL OFFICERS AND/OR DIRECTORS  Title: ANNY CHIARIERI, P, D	Name and Title:		
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Name and	l Title: Name and Title:
Address	Address:
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ARTICLE VI R The name and Flo	REGISTERED AGENT or the registered agent is:
Name:	WORLD CORPORATE SERVICES, INC.
Address:	2665 S BAYSHORE DRIVE SUITE 703
	Miami, FL 33133
ARTICLE VII	NCORPORATOR
The name and ad	dress of the Incorporator is:
Name:	WORLD CORPORATE SERVICES, INC.
Address:	2665 S BAYSHORE DRIVE SUITE 703
	Miami, FL 33133
Effective date, if o	EFFECTIVE DATE:  ther than the date of filing:  te is listed, the date must be specific and cannot be more than five days prior or 90 days after the
Note: If the date in the document's eff	inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as fective date on the Department of State's records.
Having been name certificate, I am fa	ed as registered agent to accept service of process for the above stated corporation at the place designated in this miliar with and accept the appointment as registered agent and agree to act in this capacity
	Required Signature/Registered Agent United States
Kinota	ment and affirm that the facts stated herein are true. I am aware that the false information submitted in a epartment of State constitutes a third degree felony as provided for in s.817.155, F.S.  Date  Date
Required Signature	Date

## **FAX COVER SHEET**

TO		
COMPANY		
FAXNUMBER	18506176381	
FROM	RanaeMcGraw	
DATE	2020-04-20 10:56:23 CST	
RE	LUPIN FOUNDATON INC.	

### **COVER MESSAGE**

Zachary Cain Fulfillment Associate I Global Fulfillment Team CT Corporation

Team (614) 280-3338 GlobalFulfillmentTeam@wolterskluwer.com

4400 Easton Commons Way Suite 125 Columbus, Ohio 43219 www.wolterskluwer.com