

2/25/2020

Division of Corporations

P2000004546S

Florida Department of State  
Division of Corporations  
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To:

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

From:

Account Name : LUPA ENTERPRISES INC  
Account Number : I20200000050  
Phone : (727)560-0307  
Fax Number : (727)298-8007

**\*\*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  
CRANE TRUCK AND SPECIAL SERVICES INC**

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

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FL

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Corporate Filing Menu

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**ARTICLES OF INCORPORATION**

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

**ARTICLE I NAME**The name of the corporation shall be: CRANE TRUCK AND SPECIAL SERVICES INC**ARTICLE II PRINCIPAL OFFICE**Principal ~~street~~ address600 CLEVELAND ST. STE 393CLEARWATER, FL 33755

Mailing address, if different is:

SAME OF PRINCIPAL**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: IMPO AND EXPOR MACHINES INDUSTRIAL**ARTICLE IV SHARES**The number of shares of stock is: 1500**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Romero Parra Ricardo Mauricio. PTE

Name and Title: \_\_\_\_\_

Address: Calle 171 # 93-55

Address: \_\_\_\_\_

Bogota-ColombiaZip Code 111111

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

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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

06/11/2020

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

06/11/2020

Date

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