

22/7/2020

Division of Corporations

P2 000054472

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**  
**Transportation Brokerage WRC INC.**

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

RECEIVED

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FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
COMMERCIAL  
REGISTRATION SERVICES

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FL

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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: Transportation Brokerage WRC 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:

Transport and Logistic**ARTICLE IV SHARES**The number of shares of stock is: 1500**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Pedro Miguel Prera Arrazate. Pte.

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

Address 5ta. Ave 3-57 zona 10 de Mixco Lomas De San Jacinto

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

Mixco, Guatemala. Zip Code 01007

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

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

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CLERK OF DISTRICT COURT  
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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

07/22/2020  
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

07/22/2020  
Date

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