**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.

(((H21000122498 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page Doing so will generate another cover sheet.

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LUPA ENTERPRISES INC

Account Number : 120200000050

: (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: <u>INFO@USACORPORATIONSERVICES.COM</u>

## FLORIDA PROFIT/NON PROFIT CORPORATION AMARSAL CORP

annamentamentamentamentamentamentamentam	namental and a second a second and a second
Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

Electronic Filing Menu Corporate Filing Menu

Help

D O'KEEFF MAR 29 2021

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

The name of the corpor	ation shall be: AMARSAL CORP.			
ARTICLE II PRIN	<u>CIPAL OFFICE</u> Principal <u>street</u> address	ì	Mailing address, if different is:	
Clearwater, Florida 3375	<del></del>	SAME OF	PRINCIPAL	
ARTICLE III PURI	NSE The corporation is organized is: Maritime C	——— Operations in	general	
The price is a man			\$4.50 F-1	21
***************************************			<u> </u>	
			(A) (A)	<del>20</del> T
				9 1
			<u> </u>	
			\$ 5 A	<b>5</b> 5
-				
•	ALOFFICERS AND/OR DIRECTORS  le: Jose H. Espino Iglesias. Pte		Belsy Rosmery Huezo De Es	<u>pino. V</u> pt
Address	Barrio. Las Atarrayas contiguo a	Address:	Barrio. Las Atarrayas co	ntiguo a
	Cancha de Tiburones Rojos		Cancha de Tiburones Ro	ojos
	Acajutla, Sonsonate -El Salvador	•	Acajutla Sonsonate -El	Salvado
Name and Titl	e: Cristina A Vasquez. Vpt	Name and Title:	·	
Address	3230 Glenn Rd	Address:		
	Durham, NC 27704			
Name and Title:		Name and Title:	:	
Address		Address:		

Name and	d Title:	Name and Title:
Address		Address:
		<del></del>
	REGISTERED AGENT lorida street address (P.O. Box NOT acceptable) of	the registered agent is:
Name:	Lupa Enterprises Inc. Luciana Mordini	
Address:	600 CLEVELAND ST STE 393	
	CLEARWATER, FL 33755	
ARTICLE VII	INCURPORATOR	88 <b>6</b> 1
The name and ac	ldress of the Incorporator is:	
Name:	Luciana Mordini	्राक्त <b>ज</b>
Address:	1020 Pine Brook DR	$\frac{3}{2}r$ $\frac{3}{2}$
	CLEARWATER, FL 33755	-
Effective date, if (If an effective d filing.)  Note: If the date		. (OPTIONAL)  t be more than five days prior or 90 days after the  statutory filing requirements, this date will not be listed as
	ned as registered agent to accept service of process fo familiar with and accept the appointment as register	or the above stated corporation at the place designated in this ed agent and agree to act in this capacity
Lupa Enterp	rises Inc. Luciana Mordini	24/03/2021
	Required Signature/Registered Agent	Date
	rument and affirm that the facts stated herein are Department of State constitutes a third degree felon	true. I am aware that the false information submitted in a g as provided for in s.817.155, F.S. V
Luciana Mord		24/03/2021
Required Signatu	не/тисотропатот	Date

• • • • •