

11/2/2021 18:17:17 Division of Corporations  
P210004159005782  
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 : 120200000050  
Phone : (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: info@usacorporationservices.com

**FLORIDA PROFIT/NON PROFIT CORPORATION  
RAISOF INC**

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

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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: RAISOF INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
600 CLEVELAND ST STE 393 OFF 566  
Clearwater, Florida 33755

Mailing address, if different is:

SAME OF PRINCIPAL

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: COMERCIALIZADORA DE PRODUCTO

**ARTICLE IV SHARES**

The number of shares of stock is: 1500

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

TITLE P  
Name and Title: CRISTIAN EUGENIO GOMEZ VIDELA

Address: SAN JOSE DE LA SIERRA 93 TORRE B  
DPTO 417, SANTIAGO, SANTIAGO DE  
CHILE, CHILE

TITLE V  
Name and Title: CAMILA MARGARITA MARDONES CONTRERAS

Address: SAN JOSE DE LA SIERRA 93 TORRE B  
DPTO 417, SANTIAGO, SANTIAGO DE CHILE  
CHILE

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

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

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

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

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SECRETARY  
TALLERES

6777 1166

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: 600 CLEVELAND ST STE 393  
CLEARWATER, FL 33755

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Luciana Mordini  
Address: 1020 Pine Brook DR  
CLEARWATER, FL 33755

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SECRETARY OF STATE  
TALLAHASSEE, FL

**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*

Lupa Enterprises Inc. Luciana Mordini  
Required Signature/Registered Agent

November 2021  
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

November 2021  
Date