

Division of Corporations **Electronic Filing Cover Sheet**

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Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LUPA ENTERPRISES INC

Account Number : I20200000050 Phone : (727)298-8007 Fax Number : (727)914-5090

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Email Address: info@usacorporationservices.com

FLORIDA PROFIT/NON PROFIT CORPORATION M&D FLORIDA SERVIT. INC

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1 CETWHS

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

<u>RTICLE I NAME</u>	and the second of the second o		
e name of the corporat	ion shall be: M&D FLORIDA SERVIT. I	NU	
TICLE II PRINC	Principal street address	Mailing address, if diff	erent is:
0 CLEVELAND ST	STE 393 OFF 572 3755	SAME OF PRINCIPAL	
garwater, Fichida o.	21.00		
TICLE III PURPO	ONE he corporation is organized is: COMERC	IALIZACION DE PRODUCTOS .	
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			£
	L OFFICERS AND/OR DIRECTORS TITLE P ::MARCELO MOYA	Name and Title	
Address	Las acadas lote 2, Sarviago,	Address:	
	Región Metropolitana de Santiago.		
	Chib		······································
Name and Title:		Name and Title:	
Address		Address:	
Name and Title:		Name and Title:	
Address		Address:	
			<i></i>

Name and Ti	ile:	Name and Title:	
Address		Address:	
ARTICLE VI REG	CINTERED ACENT		
	la street address (P.O. Box NOT acceptable) of	the registered agent is:	
Name: L	upa Enterprises Inc. Luciana Mordini		
Address:	500 CLEVELAND ST STE 393		
<u>C</u>	LEARWATER, FL 33755	-	
ARTICLE VII INC	°ORPOR 4TOR		
The name and addre	est of the Incorporator is:		
Name:	Luciana Mordini		
Address:	1020 Pine Brook DR	•	
	CLEARWATER, FL 33755	-	
ARTICLE VIII E	FECTIVE DATE:		
Effective date, if other	er than the date of filing:		
(If an effective date filing.)	is listed, the date must be specific and canno	t be more than five days prior or 90 days after the	
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	as registered agent to accept service of process fi liar with and accept the appointment as register	or the above stated corporation at the place designated in the ed agent and agree to act in this capacity	is
Lupa Enterprise	es Inc. Luciana Mordini	November 2021	
	Required Signature/Registered Agent	Date	
	ent and affirm that the facts stated herein are artment of State constitutes a third degree felon	true. I am aware that the false information submitted in gas provided for in x817.155, F.S.	a
•			
Luciana Mordini Required Signature/I	ncorporator	November 2021 Date	

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