

# P22000050772

Florida Department of State  
Division of Corporations  
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.

((H22000213963 3)))



H220002139633ABC

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

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

From: Account Name : HUBCO  
Account Number : 104662003400  
Phone : (516)935-3940  
Fax Number : (516)935-3088

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: LBGATTI@COMCAST.NET

RECEIVED  
2022 JUN 21 PM 1:02  
CORPORATIONS  
COMMERCIAL  
SERVICES

## FLORIDA PROFIT/NON PROFIT CORPORATION Pupa Solutions Inc

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$78.75

2022 JUN 21 PM 1:25  
ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED  
DATE 06/21/2022 BY 60322  
UCBA/STP/STP

H22000213963

**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: Pupa Solutions Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal ~~street~~ address  
1115 Gulf of Mexico Drive #205  
Longboat Key, FL 34228

Mailing address, if different is:  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Any Legal or Lawful Purpose

**ARTICLE IV SHARES**

The number of shares of stock is: 10,000 at No Par Value

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

Name and Title: Lisa Gatti Dunn - President/Director  
Address: 1115 Gulf of Mexico Drive #205  
Longboat Key, FL 34228

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

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

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

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

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

2022 JUN 21 PM 1:25  
WILLIAM H. GATTI, JR.  
FL

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: Lisa Gatti Dunn  
 Address: 1115 Gulf of Mexico Drive #205  
Longboat Key, FL 34228

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Lisa Gatti Dunn  
 Address: 1115 Gulf of Mexico Drive #205  
Longboat Key, FL 34228

**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*

Lisa Gatti  
 Required Signature/Registered Agent

June 15, 2022  
 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.*

Lisa Gatti  
 Required Signature/Incorporator

June 15, 2022  
 Date

2022 JUN 21 PM 1:2  
 ALA. STATE SEC. DIV.  
 TALLAHASSEE, FL