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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 : (305)397-0980

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

Email Address: filings@usacorporationservices.com

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FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
COMMERCIAL SERVICES

FLORIDA PROFIT/NON PROFIT CORPORATION  
LINKER MEDIC INC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

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2023 APR 24 PM 3:16  
CLERK OF SUPERIOR COURT  
TALLAHASSEE, FLORIDA

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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:

LINKER MEDIC INC

## Article II

### Principal Office

Principal ~~street~~ address

1900 N Bayshore Dr Suite 1A #136 -2177  
Miami, Florida, 33132  
United States

Mailing address, if different is:

1900 N Bayshore Dr Suite 1A #136 Miami, Florida, 33132

## Article III

### Purpose

The purpose for which the corporation is organized is:

TURISMO SALUD Y BELLEZA

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## **Article IV**

### **Shares**

The number of shares of stock is:

100

## **Article V**

### **Initial Officers and/or Directors**

Title:

Norma Elizabeth Gallegos De Zavala

Address: IZTACALCO 507 RESIDENCIAL AZTECA  
MONTERREY  
NUEVO LEON  
Mexico  
67150

Title:

José Luis Zavala Nava

Address: IZTACALCO 507 RESIDENCIAL AZTECA  
MONTERREY  
NUEVO LEON  
Mexico  
67150

## **Article VI**

### **Registered Agent**

Name: Lupa Enterprise INC

Address: 100 SE 2nd Street Suite 2000  
Miami, Florida, 33131

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## Article VII Incorporator

The name and address of the Incorporator is:

Luciana Mordini  
1900 N Bayshore Dr, Suite 1A 136,  
Miami, FL 33132

## 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*  
Required Signature/Registered Agent:

*19-Apr-2023*  
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

*19-Apr-2023*  
Date