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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 : I20200000050  
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](mailto:info@usacorporationservices.com)

FLORIDA LIMITED LIABILITY CO.  
R&V GROUP ENTERPRISES LLC

Certificate of Status	0
Certified Copy	0
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FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

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2021 JUL -7 PM 2:27

# Articles Of Organization For Florida Limited Liability Company

## Article I

The name of the Limited Liability Company is:

**R&V GROUP ENTERPRISES LLC**

## Article II

The street address of principal office of the Limited Liability Company is:

**600 Cleveland Street  
Suite 393, Office 389  
Clearwater, Florida 33755  
United State of America**

The mailing address of the Limited Liability Company is:

**600 Cleveland Street  
Suite 393, Office 389  
Clearwater, Florida 33755  
United State of America**

## Article III

Other provisions, if any:

**Any and all lawful business**

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TALLAHASSEE, FLORIDA

**Article IV**

The name and Florida street address of the registered agent is:

**Lupa Enterprises INC  
600 Cleveland Street Suite 393  
Clearwater, Florida 33755  
United State of America**



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Registered Agent's Signature

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

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## **Article V**

The name and address of each person(s) authorized to manage and control the Limited Liability Company:

**Title: MGR**

Pablo Manuel Rodríguez Ramírez

**Address**

Hernández de Girón OE5-106 y Pedregal. Conjunto San Martin, torre 9, dpto 201  
Quito  
Pichincha  
Ecuador  
170509

**Title: MGR**

Luis Fernando Villalba Cisneros

**Address**

Gustavo Darquea OE1-105 y 10 de Agosto  
Quito  
Pichincha  
Ecuador  
170520

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**Article VI**

The effective date for this Limited Liability Company shall be:

07/06/2021

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*Pablo Manuel Rodríguez Ramírez*

Signature of a member or an authorized representative of  
a member.

**Pablo Manuel Rodríguez Ramírez**

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Name of signee

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any 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.

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