

13/11/2020

Division of Corporations

L20000351521

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.

((H20000393322 3)))



H200003933223ABCY

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 : LUPA ENTERPRISES INC
Account Number : I20200000050
Phone : (727)560-0307
Fax Number : (727)298-8007

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 LIMITED LIABILITY CO.
P&R tecnologia y accesorios LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

2020 NOV 16 AM 7:10

2020 NOV 16 PM 1:53

Articles Of Organization For Florida Limited Liability Company

Article I

The name of the Limited Liability Company is:

**P&R tecnología y
accesorios LLC**

Article II

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

**600 Cleveland Street
Suite 393, Office 183
Clearwater, Florida 33755
United State of America**

The mailing address of the Limited Liability Company is:

**600 Cleveland Street
Suite 393, Office 183
Clearwater, Florida 33755
United State of America**

Article III

Other provisions, if any:

Any and all lawful business

2020 NOV 16 AM 7:10
STATE
CLERK

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



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..

Article V

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

Title: MGR

Hussein Jair Cohen Ortiz

Address:

Carrera 44#39-47 local 1 Cc la Civica

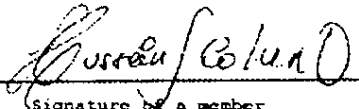
Barranquilla - Atlántico

Código postal 0180001

Article VI

The effective date for this Limited Liability Company shall be:

01/01/2021



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

Hussein Jair Cohen Ortiz

Name of signee

2020 NOV 16 AM 7:10
STATE
CLERK

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.

2020 NOV 16 AM 7:10
STATE
FL.