

22/11/22, 17:01

Division of Corporations

**L22000495104**

Florida Department of State  
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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

2022 11 22 PM 4:46

**FLORIDA LIMITED LIABILITY CO.**  
**Restbie LLC**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$125.00

22 NOV 22 PM 12:35

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Corporate Filing Menu

Help

*Handwritten signature*

# Articles Of Organization For Florida Limited Liability Company

## Article I

The name of the Limited Liability Company is:

Restbie LLC

## Article II

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

**1900 N Bayshore Dr Suite 1A #136-1579  
Miami, Florida, 33132  
United States**

The mailing address of the Limited Liability Company is:

**1900 N Bayshore Dr Suite 1A #136-1579  
Miami, Florida, 33132  
United States**

## Article III

Other provisions, if any:

**Any and all lawful business**

22 NOV 22 11:12:35  
RESTBIE LLC  
1900 N BAYSHORE DR SUITE 1A #136-1579  
MIAMI FL 33132

## Article IV

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

**Lupa Enterprises INC  
100 SE 2nd Street Suite 2000  
Miami, Florida, 33131  
United States**



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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..

22 NOV 22 PM 12:35  
STATE OF FLORIDA  
TALLAHASSEE

## Article V

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

**Title: MGRM**

**Julio Angel Garcia**

**Address:**

**Calle los Alpes esquina laureles apartamento 202**

**residencial laureles del cerro III Vista hermosa**

**Santo Domingo**

**Santo Domingo este**

**Dominican Republic**

**11517**

**Title: MBR**

**Anny Massiel Restituyo de Garcia**

**Address:**

**calle capotillo 45**

**Restauración**

**Dajabón**

**Dominican Republic**

**63300**

11/22/2022 8:12:35 PM  
From: Lupa Enterprises, Inc.  
To: Lupa Enterprises, Inc.

## Article VI

The effective date for this Limited Liability Company shall be:

01/02/2023

*Julio Angel Garcia*

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

Julio Angel Garcia

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.

22 NOV 22 PM 12:35  
12:35 PM  
11/22/2022