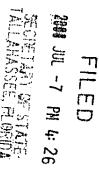
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BOWSH HUL 7 2008

NO8-29528

COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: 50to's	n C
	orporation - must include suffix)
Dear Sir or Madam:	
The enclosed "Application by Foreign Corpora "Certificate of Existence," and check are subm transact business in Florida.	tion for Authorization to Transact Business in Florida," itted to register the above referenced foreign corporation to
Please return all correspondence concerning th	is matter to the following:
Honzalo Soto	Vera
. (Name of Person)
Soto's Inc	Name of Person) Firm/Company)
	Firm/Company)
2206 SE Indian	Street, (Address) FL 34997 (and Zip code)
	(Address)
Stuart	FL 34997
(Cit	y/State and Zip code)
	•
For further information concerning this matter,	please call:
Gonzalo Soto at ((Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amount:	
\$70.00 Filing Fee \$78.75 Filing Fee Certificate of State	



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 18, 2008

GONZALO SOTO VERA 2206 SE INDIAN STREET STUART, FL 34997

SUBJECT: SOTO'S INC

Ref. Number: W08000029528

We have received your document for SOTO'S INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company, "Corporation," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

Simply adding "of Florida" or "Florida" to the end of a name is not acceptable.

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

The name and title of the person signing the document must be noted beneath or opposite the signature.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6931.

Becky McKnight

Regulatory Specialist II New Filing Section

Letter Number: 308A00037127



RECEIVED

08 JUL -7 AH 85 00

FLORIDA DEPARTMENT OF STATE 101 OF CORPORATIONS Division of Corporations

June 25, 2008

GONZALO SOTO VERA 2206 SE INDIAN STREET STUART, FL 34997

SUBJECT: SOTO'S INC

Ref. Number: W08000029528

We have received your document for SOTO'S INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

The name and title of the person signing the document must be noted beneath or opposite the signature.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6931.

Becky McKnight
Regulatory Specialist II
New Filing Section

Letter Number: 308A00037127 . . .

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA. Sotos, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "lnc.," "Co.," "Corp," "Inc," "Co," or "Corp.") Soto & Ordone = Inc (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) Ne bros Ka

(State or country under the law of which it is incorporated)

3. 47-0819481

(FEI number, if applicable) (Date of incorporation)

(Date of incorporation)

(Date first transacted business in Florida, if prior to registration)

(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 2206 SE Indian Street, Stuart FL 34997

(Principal office address)

2206 SE Indian Street, Stuart FL 34997

(Current mailing address) Grocery & Deli and others

(Purpose(s)) of corporation authorized in home state or country to be carried out in state of Florida) 9. Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable) Gladys Helendez

3300 North State Road 7

Hollyword Florida 33021

(City) (Zip code) Name: Office Address:

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Teady Inferrolofs

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

. 12. Names and business addresses of officers and/or directors:

A. DIRECTORS		
Chairman:	Gonzalo Soto Vera	
Address:	2206 SE Indian Street, Stuart FL 34997	
Vice Chairman:	Elga Yanuik Ordoniz 2206 SE Indian Street, Stuart FL 34997	
Address:	LEVO DE FINNAN STORY STORY TO STORY	
Director:	Iga yanike Ordonez 206 SE Indian Street, Stront FL 34997	
Address:2	2706 SE Indian Street, Strand FL 34997	·
Director:	· · · · · · · · · · · · · · · · · · ·	A CREATE AND A CRE
Address:		
B. OFFICERS	Gonzalo Scto Vero-	PH 4: 26
President:Address:	2206 SE Indian Street, Strart 71 34997	
	· · · · · · · · · · · · · · · · · · ·	
/ice President:	Elga yauila Ordone 2 2206 SE Indian Storet, Strart FL 34997	
Address:	2206 SE Indian Storet, Strart FL 34997	
ecretary:		
reasurer: Ele	ga yauile Ordonez 206 SE Indian Street, Stront FL 34997	
Address: 2 %	206 SE Indian Street, Strant FL 34997	
\wedge	ary, you may attach an addendum to the application listing additional officers and/or direct	ctors.
	ignature of Director or Officer listed in number 12 of the application)	
4. Conza	(Typed or printed name and capacity of person signing application)	
,		

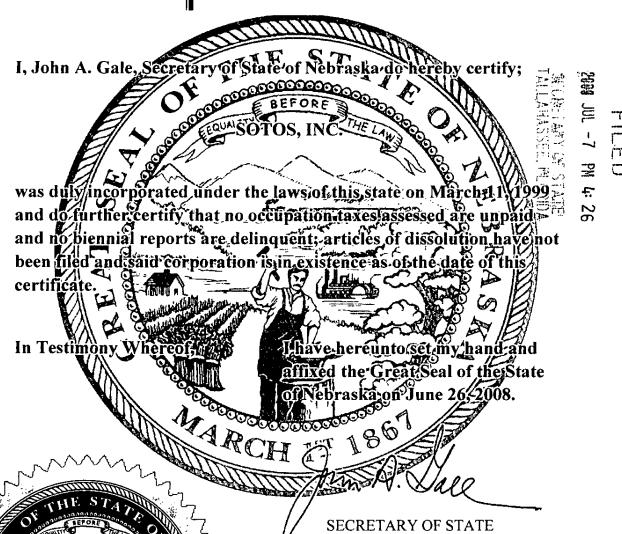


NEBRASKA

United States of America, State of Nebraska

ss.

Department of State Lincoln, Nebraska



This certificate is not to be construed as an endorsement, recommendation, or notice of approval of the entity's financial condition or business activities and practices.

STATE OF NEBRASKA ◆ SECRETARY OF STATE'S OFFICE 1445 "K" STREET • STATE CAPITOL SUITE 1301 • LINCOLN, NE • 68509 BUSINESS SERVICES DIVISION

Corporations
P.O. BOX 94608
(402) 471-4079
Fax: 471-3666

<u>Uniform Commercial Code</u>
P.O. BOX 95104
(402) 471-4080
Fax: 471-4429

Notary P.O. BOX 95104 (402) 471-2558 Fax: 471-4429

JOHN A. GALE Secretary of State www.sos.state.ne.us

JUDY JOBMAN
Deputy Secretary of State

GONZALO SOTO VERA 2206 SE INDIAN STREET STUART, FL 34997