

F18000004969

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FL

UCT 31 7:47 PM
S. PRATHER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 10, 2018

MONICA PUIG-SOS
8671 NW 20TH CT
SUNRISE, FL 33322

SUBJECT: SOCIAL PURPOSES, INC.
Ref. Number: W18000080570

We have received your document for SOCIAL PURPOSES, INC. and your check(s) totaling \$96.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

You have submitted documents to reserve a corporate name for future use in Florida. However, after our conversation you have indicated that your intent is to qualify the foreign corporation to transact business in Florida. Please complete and return the enclosed application by foreign corporation for authorization to transact business in Florida.

In order for our office to release the name to this foreign entity, the letter must be signed.

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 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) 245-6051.

Michelle Milligan
Senior Section Administrator

Letter Number: 018A00018689

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SOCIAL PURPOSES, INC
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

MONICA PULG-SOS
Name of Person

RE: SOCIAL PURPOSES, INC
Firm/Company

8671 NW 20th CT.
Address

SUNRISE, FL 33322
City/State and Zip code

MONICAPULGWRITES@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MONICA PULG at (786) 357-7998
Name of Person Area Code Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

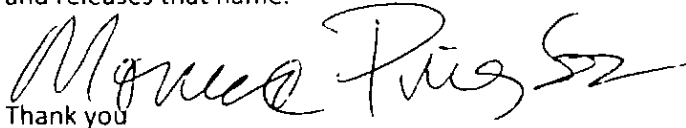
- ☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☒ \$87.50 Filing Fee, Certificate of Status & Certified Copy

see attached letter
on file for payment

RE: Social Purposes LLC / L16000036387

8/29/18

This is to certify that Monica Puig-Sos will not be reinstating Social Purposes LLC in the state of Florida and releases that name.

A handwritten signature in black ink, appearing to read "Monica Puig-Sos". The signature is fluid and cursive, with the first name "Monica" and last name "Puig-Sos" clearly distinguishable.

Thank you

MONICA PUIG-SOS
Title AMBR

8671 N.W. 20TH CT.
SUNRISE, FL 33322

786-357-7998

monicapuigwrites@gmail.com

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

1. SOCIAL PURPOSES, INC

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

JUXTAVIEW.COM

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. DELAWARE

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

3. _____

(FEI number, if applicable)

4. 4/30/18

(Date of incorporation)

5. _____

(Date of duration, if other than perpetual)

6. N/A

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 8671 NW 20TH CT. SUNRISE, FL 33322

(Principal office address)

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: MONICA PUIG-SOS

Office Address: 8671 NW 20th CT

SUNRISE
(City)

Florida

33324
(Zip code)

9. 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.

Monica Puig-Sos
(Registered agent's signature)

10. 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.

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TALLAHASSEE, FL

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

A. DIRECTORS

Chairman: MONICA PULG-SOS
Address: 8671 NW 20TH CT SUNRISE FL 33322

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: MONICA PULG-SOS
Address: 8671 NW 20TH CT SI
SUNRISE FL 33322

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. 
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.

13. MONICA PULG-SOS, PRESIDENT
(Typed or printed name and capacity of person signing application)

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TALLAHASSEE, FL

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SOCIAL PURPOSES, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTH DAY OF OCTOBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE.



A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

6865854 8300

SR# 20186823474

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203559505

Date: 10-05-18