

F240000001800

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W24000039830

Office Use Only



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FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 12, 2024

JORGE ZEPEDA-GODINEZ
6009 N LOUISE AVE
CHICAGO, IL 60646 US

SUBJECT: SOPRIS TECHNOLOGIES, INC.
Ref. Number: W24000039830

We have received your document for SOPRIS TECHNOLOGIES, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list the names and street addresses of the officers and directors of the corporation on the form/application.

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.

Andrea Andrews
Regulatory Specialist II

Letter Number: 924A00005321

RECEIVED

MAR 26 2024

Date: **March 20, 2024**

Florida Department of State
Registration Section – Div of Corporations
The Centre of Tallahassee
P.O. Box 6327
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

RE: SOPRIS TECHNOLOGIES INC.
Application to Establish Foreign Florida Corp
Response to Letter 924A00005321

Dear Florida Secretary of State,

We are in receipt of your letter 924A 00005321. Please note that my company only has one officer, Jorge Zepeda Godinez and that I serve in capacity of owner, President, Secretary and Treasurer.

There are no other officers or directors currently. I have listed myself and my address in the officers and directors' part of the application. I am hereby resubmitting the application as indicated in your letter.

Thank you in advance for your consideration of our application. Please do not hesitate to email the undersigned at jorge@soprismtech.com with any additional questions or concerns.

Sincerely,



Jorge Zepeda-Godinez., President
SOPRIS TECHNOLOGIES, INC.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SOPRIS TECHNOLOGIES, 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:

JORGE ZEPEDA-GODINEZ

Name of Person

SOPRIS TECHNOLOGIES, INC.

Firm/Company

6009 N LOUISE AVE

Address

CHICAGO, IL 60646

City/State and Zip code

MARIBELZEP62GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARIBEL ZEPEDA

at (312) 965-8317

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$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

**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. SOPRIS TECHNOLOGIES, INC.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
- (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. DELAWARE 3. 47-2599443
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 12/10/2014 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
6. 01/31/2024
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. ONE ALHAMBRA PLAZA PH FLOOR CORAL GABLES, FL 33134
(Principal office street address)
- 6009 N LOUISE AVE, CHICAGO, IL 60646
(Current mailing address, if different)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
- Name: ZEPEDA GODINEZ, JORGE
- Office Address: ONE ALHAMBRA PLAZA - PH FLOOR
CORAL GABLES, Florida 33134
(City) (Zip code)

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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.



(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.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☒ President JORGE ZEPEDA GODINEZ
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Jorge Zepeda Godinez
☐ Vice Chairman Address: 10006 N Calhoun St
☐ Director Portland OR 97203-1719
☒ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☒ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Jorge Zepeda Godinez
☐ Vice Chairman Address: 10006 N Calhoun St
☐ Director Portland OR 97203-1719
☐ President _____
☐ Vice President _____
☒ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Jorge Zepeda Godinez
☐ Vice Chairman Address: 10006 N Calhoun St
☐ Director Portland OR 97203-1719
☐ President _____
☐ Vice President _____
☐ Secretary ☒ Treasurer
☐ Other _____ ☐ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

12. Jorge Zepeda Godinez
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. JORGE ZEPEDA-GODINEZ
(Typed or printed name and capacity of person signing application)

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SOPRIS TECHNOLOGIES, 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 JANUARY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SOPRIS TECHNOLOGIES, INC." WAS INCORPORATED ON THE TENTH DAY OF DECEMBER, A.D. 2014.

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



5655343 8300

SR# 20240049978

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

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.

Authentication: 202538688

Date: 01-05-24