

# L06000046456

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

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Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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05/09/06--01050--013 \*\*55.00

02/27/06--01042--008 \*\*70.00

W06-12848  
LD 6-46456  
W06-5886

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SotVel, LLC  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Carol Vanessa Soteldo

(Name of Person)

(Firm/Company)

1117 S.W 117 Court

(Address)

Miami, Florida 33184

(City/State and Zip Code)

For further information concerning this matter, please call:

Carol Vanessa Soteldo

(Name of Person)

at ( 786 ) 344-5999

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |   |   |   |   |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|---|---|---|---|

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

**Street/Courier Address**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 16, 2006

CAROL V. SOTELDO  
1117 S.W. 117 COURT  
MIAMI, FL 33184

SUBJECT: SOTVEL, LLC  
Ref. Number: W06000012848

We have received your document for SOTVEL, LLC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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) 245-6918.

Nanette Causseaux  
Document Specialist Supervisor

Letter Number: 906A00018139



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 30, 2006

CAROL V. SOTELDO  
1117 S.W. 117 COURT  
MIAMI, FL 33184

SUBJECT: SOTVEL, LLC  
Ref. Number: W06000012848

We have received your document for SOTVEL, LLC and your check(s) totaling \$70.00. However, the document has not been filed and is being retained in this office for the following:

Please accept our apology for failing to mention this in our previous letter.

There is a balance due of \$55.00.

The filing fees for a Florida limited liability company is as follows: \$100.00 filing fee, \$25.00 designation of registered agent, TOTAL \$125.00

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) 245-6918.

Nanette Causseaux  
Document Specialist Supervisor

Letter Number: 506A00021700

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

SotVel, LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

### ARTICLE II - Address:

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

#### Principal Office Address:

Carol Vanessa Soteldo

#### Mailing Address:

1117 S.W 117 Court

Miami, Florida 33184

### ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Carol Vanessa Soteldo

Name

1117 S.W 117 Court

Florida street address (P.O. Box **NOT** acceptable)

Miami, FL 33184

City, State, and Zip

FILED  
06 MAY -3 AM 11:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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 608, F.S..*

[Signature]  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

Carol Vanessa Soteldo

1117 S.W 117 Court

Miami, Florida 33184

MGRM

Elsy Velazquez

1117 S.W 117 Court

Miami, Florida 33184

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 02/21/2006 (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**

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

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Carol Vanessa Soteldo

Typed or printed name of signee

**Filing Fees:**

**\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent**

**\$ 30.00 Certified Copy (Optional)**

**\$ 5.00 Certificate of Status (Optional)**