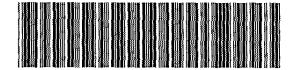
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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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LAZARUS CORPORATE FILING SERVICE

3320 SW 87TH AVENUE

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MIAMI, FL 33165 (305) 552-5973

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Examiner's Initials

Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document II) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Walk in Certified Copy Mail out Certificate of Status Will wait Photocopy NEW FILINGS AMENDMENTS Profit Amendment Resignation of R.A., Officer/Director Not for Profit Timited Liability Change of Registered Agent ☐ Domestication Dissolution/Withdrawal Other Merger OTHER FILINGS REGISTRATION/QUALIFICATION Annual Report J Foreign Fictitious Name Limited Partnership Reinstatement Trademark Other

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY
ARTICLE 1 - Name:
The name of the Limited Liability Company is:
SOTO ENTERPRISES LLC 55 0 10
(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: Mailing Address:
84015W107 Ave April 353E 84015W 107 Ave April 353E
Hani 1FL 33173 Hani, Fl 33173
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:
Jorge Luis Sotolongo.
Name

84018W 107 Ave Apro 353E

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

Hiami

FL 33173

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.

Registered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Journe Luis SotoLongo 8401 8W 107 Ave Apro 353E HIRMI FLI 33173
4	
(Use attachment if necessary)	
CLE V: Effective date, if other than the effective date is listed, the date must look days after the date of filing.)	e date of filing: (OPTIONAL oe specific and cannot be more than five business days
REQUIRED SIGNATURE:	

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)

Typed or printed name of signed