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Effective Date 01 31 11

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J. BRYAN

FEB - 8 2011

EXAMINER

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: SOTO SOLUTIONS LL	C Fu =
Name of Limite	ed Liability Company
The enclosed Articles of Organization and fee(s) are	submitted for filing. er to the following:
Please return all correspondence concerning this matt	er to the following:
ALEX SOTO	ORIGINAL DE LA CONTRACTION DEL CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DEL CONTRACTION DE LA C
	Name of Person
**	Firm/Company
5671 NW 119TH WAY	
	Address
CORAL SPRINGS, FL 33076	
·	y/State and Zip Code
msoto@sotosolutions.com E-mail address: (to be used f	or future annual report notification)
For further information concerning this matter, please	e call:
MARTINA SOTO	at (954) 802-0716
Name of Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\int \text{\$130.00 Filing Fee & Certificate of Status}	\$155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed) S160.00 Filing Fee, Certificate of Status & Certified Copy (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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

SOTO SOLUTIONS LLC

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

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:
5671 NW 119TH WAY	5671 NW 119TH WAY
CORAL SPRINGS, FL 33076	CORAL SPRINGS, FL 33076

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.)

Effective Date 01/31/11

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

ALEX SOTO
Name
5671 NW 119TH WAY
Florida street address (P.O. Box NOT acceptable)
CORAL SPRINGS FL 33076
City, State, and Zip

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)

"MGRM" = Managing Member	Name and Address: ALEJANDRO SOTO 5671 NIW 110TH WAY
4004	
MGRM	ALEJANDRO SOTO
	3071144 113111441
	CORAL SPRINGS, FL 33076
	
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(Use attachment if necessary)	
IF V. Effective data if other than th	o data of Slings JANUARY 31 2011 (OPTIONAL
fective date is listed, the date must	e date of filing: <u>JANUARY 31, 2011</u> . (OPTIONAL be specific and cannot be more than five business days
days after the date of filing.)	-
DECHIDED SIGNATURE.	
RECULRED SIGNATURE:	
REQUIRED SIGNATURE:	
REQUIRED SIGNATURE:	

Typeo

ALEJANDRO SOTO

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)